

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 222 St John St (Ste 314)		Owner: Dan Hourihan		Phone:		Permit No:	
Owner Address:		Leasee/Buyer's Name: Environmental Engineering & Remediation, Inc.		Phone:		Business Name:	
Contractor Name: Sign Systems		Address: 775-7110		Phone:		Permit Issued:	
Past Use: Office		Proposed Use: Same		COST OF WORK: \$		PERMIT FEE: \$ 28.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature:		Signature:	
Proposed Project Description: Erect Signage (3 x 5)				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)			
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
				Signature:		Date:	
Permit Taken By: Mary Gresik		Date Applied For: 13 December 1995					

Zone: B-2 CBL: 64-A-2

Zoning Approval:

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

EER, Inc.
222 St John St (Ste 314)
Portland, ME 04102

Permit NEVER ISSUED
Put to file 23 JULY 96
APPLICANT NEVER PROVIDED
CERTIFICATION ESSENTIAL PAPERWORK

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: *Kathleen Crawford* ADDRESS: _____ DATE: 13 December 1995 PHONE: 828-1272

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 3
Amy Simpson

PLUMBING APPLICATION

064-A-002

Department of Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town Or Plantation	PORTLAND
Street Subdivision Lot #	222 ST. JOHN ST. 3RD FL

PROPERTY OWNERS NAME

Last: HOURIHAN	First: DAN
Applicant Name:	RICHARD S. STILES
Mailing Address of Owner/Applicant (If Different)	45 W. PLEASANT ST. WEST BROAD 04092

PORTLAND 6540 TOWN COPY

Date Permit Issued: 7/17/98 \$ 124 FEE Double Fee Charged

Local Plumbing Inspector Signature: *Richard S. Stiles*

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Richard S. Stiles
Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

This Application is for 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER — SPECIFY <u>OFFICES</u>	Plumbing To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>MSJ2820</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
OR HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
OR <input type="checkbox"/> TRANSFER FEE [\$6.00]		Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			2	Total Fixtures
			\$	Fixture Fee
			\$	Transfer Fee
		\$	Hook-Up & Relocation Fee	
		\$	Permit Fee (Total)	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

64-A-002

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 21 August 1997

LOCATION: 222 St John St

Permit # 4821

OWNER Hourihan/Polarity Realization Cent ADDRESS _____

Suite #301

TOTAL EACH FEE

OUTLETS	Telephone	Data	CATV			
	Receptacles	Switches	Smoke Detector			.20
FIBER OPTICS						15.00
FIXTURES	incandescent	fluorescent				.20
	fluorescent strip					.20
SERVICES	Overhead		TTL AMPS TO	800		15.00
	Underground			800		15.00
Temporary Service	Overhead		AMPS OVER	800		25.00
	Underground			800		25.00
METERS	(number of)					1.00
MOTORS	(number of)					2.00
RESID/COM	Electric units					1.00
HEATING	oil/gas units	Interior	Exterior			5.00
APPLIANCES	Ranges	Cook Tops	Wall Ovens			2.00
Insta-Hot	Water heaters	Fans	Dryers			2.00
Disposals	Dishwasher	Compactors	Others (denote)			2.00
MISC. (number of)	Air Cond/win					3.00
	Air Cond/cent		Pools			10.00
	HVAC	EMS	Thermostat			5.00
	Signs					10.00
	Alarms/res					5.00
	Alarms/com					15.00
	Heavy Duty(CRKT)					2.00
	Circus/Carnv					25.00
	Alterations				XXX	5.00 5.00
	Fire Repairs					15.00
	E Lights					1.00
	E Generators					20.00
PANELS	Service	Remote	Main			4.00
TRANSFORMER	0-25 Kva					5.00
	25-200 Kva					8.00
	Over 200 Kva					10.00
						TOTAL AMOUNT DUE
						MINIMUM FEE/COMMERCIAL 35.00 MINIMUM FEE 25.00 35.00

INSPECTION: Will be ready XXXXXXXXXXXX or will call _____

CONTRACTORS NAME Peter Doria MASTER LIC. # 4821
 ADDRESS 135 Bolton St Ptld LIMITED LIC. # _____
 TELEPHONE 775-0888

SIGNATURE OF CONTRACTOR _____

ELECTRICAL PERMIT

City of Portland, Me.



To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 6/2/97
 Permit # _____

064-A-007

LOCATION: 232 St John St - Sp #125

OWNER First Atlantic
Norris - tenant **ADDRESS** _____

							TOTAL EACH FEE		
OUTLETS	2	Telephone		Data		CATV	2	.20	.40
	30	Receptacles	8	Switches		Smoke Detector	38	.20	7.50
FIBER OPTICS								15.00	
FIXTURES	21	incandescent		fluorescent			21	.20	4.20
		fluorescent strip						.20	
SERVICES		Overhead				TTL AMPS TO	800	15.00	
		Underground					800	15.00	
Temporary Service		Overhead				AMPS OVER	800	25.00	
		Underground					800	25.00	
METERS		(number of)						1.00	
MOTORS		(number of)						2.00	
RESID/COM		Electric units						1.00	
HEATING		oil/gas units		Interior		Exterior		5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens		2.00	
		Water heaters		Fans		Dryers		2.00	
		Dishwasher		Compactors		Others (denote)		2.00	
MISC. (number of)	4	Air Cond/win					4	3.00	12
		Air Cond/cent				Pools		10.00	
		HVAC		EMS		Thermostat		5.00	
		Signs						10.00	
		Alarms/res						5.00	
		Alarms/com						15.00	
		Heavy Duty(CRKT)						2.00	
		Circus/Carnv						25.00	
		Alterations						5.00	
		Fire Repairs						15.00	
	1	E Lights					1	1.00	1
		E Generators						20.00	
PANELS		Service		Remote		Main		4.00	
TRANSFORMER		0-25 Kva						5.00	
		25-200 Kva						8.00	
		Over 200 Kva						10.00	
							TOTAL AMOUNT DUE		
							MINIMUM FEE/COMMERCIAL 35.00		
							MINIMUM FEE 25.00		
							35		

INSPECTION: Will be ready Weds 6/4 - am or will call _____

CONTRACTORS NAME Peter Doria Inc **MASTER LIC. #** 04821
ADDRESS 135 Bolton St- Ptld **LIMITED LIC. #** _____
TELEPHONE 775-0888

