

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 061076

Please Read Application And Notes, If Any, Attached

This is to certify that MERCY HOSPITAL /Gilba Michael Pauli

has permission to Construction Trailer

AT 50 ST JOHN ST

073 A001001

PERMIT ISSUED
JUL 26 2006
CITY OF PORTLAND

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission is procured before this building or part thereof is leased or service is rendered in it. HOUR NOT REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____

Department Name

[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

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

Permit No: 06-1076	Issue Date: JUL 26 2006	CBL: 073 A001001
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Location of Construction: 50 ST JOHN ST	Owner Name: MERCY HOSPITAL	Owner Address: 144 STATE ST	Phone:
Business Name:	Contractor Name: Gilbane / Michael Poulin	Contractor Address: 900 Elm St Portland	Phone: 6036990076
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Commercial	Zone: C-26
Past Use: Vacant Land	Proposed Use: Commercial Construction Trailer	Permit Fee: \$50.00	Cost of Work: \$2,500.00
Proposed Project Description: Construction Trailer		CEO District: 3	
FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: TEMP. OFFICE CONSTR. TRAILER Signature: _____ Signature: _____		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____	

Permit Taken By: dmartin	Date Applied For: 07/21/2006	Zoning Approval		
1. This permit application does not 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..		Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 7/21/06	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____

CERTIFICATION

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 is 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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

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 7-24-06
Permit # 2006-4665
CBL# 73 A1

LOCATION: 50 ST JOHN ST. METER MAKE & # _____
CMP ACCOUNT # 441-1786-689-001 OWNER GILBANE CONSTRUCTION
TENANT GILBANE CONSTRUCTION PHONE # 252-4292

					TOTAL EACH FEE
OUTLETS	Receptacles	Switches	Smoke Detector		.20
FIXTURES	Incandescent	Fluorescent	Strips		.20
SERVICES	Overhead	Underground	TTL AMPS <800		15.00
	Overhead	Underground	>800		25.00
Temporary Service	① Overhead	Underground	TTL AMPS		25.00
					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		2.00
	Dryers	Disposals	Dishwasher		2.00
	Compactors	Spa	Washing Machine		2.00
	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				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
					10.00
					55
					TOTAL AMOUNT DUE
					MINIMUM FEE 35.00
					MINIMUM FEE/COMMERCIAL 45.00

CONTRACTORS NAME ESBUROS COMPANY MASTER LIC. # MC60016185
ADDRESS 70 COMMERCIAL ST LEWISTON LIMITED LIC. # _____
TELEPHONE 286 0020

SIGNATURE OF CONTRACTOR [Signature] KEVIN RUSSELL (CE# 2310)
White Copy - Office Yellow Copy - Applicant TEGG06500-45