Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 09/06/16

CITY OF PORTLAND

PERMITTING AND INSPECTIONS DEPARTMENT

389 Congress Street
Portland, Maine 04101

INVOICE OF FEES

Application No:	201602118	**Applicant:**	HCRI FORE RIVER MEDICAL FACILITIES
CBL:	075 A005001	**Location:**	195 FORE RIVER PKWY
Invoice Date:	08/10/2016	**Permit Type:**	Change of Use - Commercial

Previous Balance	-	Payment Received	+	Current Fees	-	Current Payment	=	Total Due	Payment Due Date
$0.00		$0.00		$1,805.00		$0.00		$1,805.00	On Receipt

First Billing

Previous Balance **$0.00**

Fee Description	Qty	Fee/Deposit Charge
Certificate of Occupancy	1	$100.00
Change of Use First $1000	1	$25.00
Change of Use Add'l $1000	1	$1,680.00
		$1,805.00

Total Current Fees:	+	**$1,805.00**
Total Current Payments:	-	**$0.00**
Amount Due Now:		**$1,805.00**

Detach and remit with payment

CBL 075 A005001

Bill To: HCRI FORE RIVER MEDICAL FACILITIES LLC
550 HERITAGE DR STE 200
JUPITER, FL 33458

Application No: 201602118
Invoice Date: 08/10/2016
Invoice No: 59267
Total Amt Due: $1,805.00
Payment Amount:

Make checks payable to the ***City of Portland,*** ATTN: Permitting and Inspections, 3rd Floor, 389 Congress Street, Portland

Pay On-Line at http://portlandmaine.gov/550/Inspections