

City of Portland, Maine - Building or Use Permit Application 38 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 334 Brighton Avenue		Owner: Maine Medical Center		Phone: 871-2447		Permit No: 991248	
Owner Address: 22 Bramhall St. Portland, ME		Lessee/Buyer's Name: N/A		Phone: N/A			Permit Issued: NOV - 9 1999
Contractor Name: ***LedgeWood Inc.		Address: 27 Main Street South Pkld, ME 04106		Business Name: N/A			
Past Use: Hospital		Proposed Use: Same		COST OF WORK: \$ 504,295		PERMIT FEE: \$ 3,054	
Proposed Project Description: Interior Renovations		Signature: <i>[Signature]</i>		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature: <i>[Signature]</i>		Zone: CBL: 121-C-009	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>			
Permit Taken By: KA		Date Applied For: 11-4-99		Signature: Date:		Zoning Approval: 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"/>	

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..

***Please Send To: LedgeWood Inc.
27 Main Street
South Portland, ME 04106

PERMIT ISSUED
WITH REQUIREMENTS

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 provisions of the code(s) applicable to such permit

11-4-99

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

PERMIT ISSUED
WITH REQUIREMENTS
CITY OF PORTLAND
3
11/9

BUILDING PERMIT REPORT

DATE: 6/10/11, 99 ADDRESS: 334 Brighton Ave. CBL: 121-C-0099

REASON FOR PERMIT: Interior Renovations.

BUILDING OWNER: Maine Medical Center

PERMIT APPLICANT: CONTRACTOR Redwood Inc.

USE GROUP: I-2 CONSTRUCTION TYPE: 2B CONSTRUCTION COST: \$34,295 PERMIT FEES: \$3,054

The City's Adopted Building Code (The BOCA National Building code/1996 with City Amendments)
The City's Adopted Mechanical Code (The BOCA National Mechanical Code/1993)

CONDITION(S) OF APPROVAL

This permit is being issued with the understanding that the following conditions are met: *1 *21 *22 *27 *30 *34 *36 *38

- *1. This permit does not excuse the applicant from meeting applicable State and Federal rules and laws.
2. Before concrete for foundation is placed, approvals from the Development Review Coordinator and Inspection Services must be obtained. (A 24 hour notice is required prior to inspection) "ALL LOT LINES SHALL BE CLEARLY MARKED BEFORE CALLING."
3. Foundation drain shall be placed around the perimeter of a foundation that consists of gravel or crushed stone containing not more than 10 percent material that passes through a No. 4 sieve. The drain shall extend a minimum of 12 inches beyond the outside edge of the footing. The thickness shall be such that the bottom of the drain is not higher than the bottom of the base under the floor, and that the top of the drain is not less than 6 inches above the top of the footing. The top of the drain shall be covered with an approved filter membrane material. Where a drain tile or perforated pipe is used, the invert of the pipe or tile shall not be higher than the floor elevation. The top of joints or top of perforations shall be protected with an approved filter membrane material. The pipe or tile shall be placed on not less than 2" of gravel or crushed stone, and shall be covered with not less than 6" of the same material. Section 1813.5.2
4. Foundations anchors shall be a minimum of 1/2" in diameter, 7" into the foundation wall, minimum of 12" from corners of foundation and a maximum 6' O.C. between bolts. Section 2305.17
5. Waterproofing and damp proofing shall be done in accordance with Section 1813.0 of the building code.
6. Precaution must be taken to protect concrete from freezing. Section 1908.0
7. It is strongly recommended that a registered land surveyor check all foundation forms before concrete is placed. This is done to verify that the proper setbacks are maintained.
8. Private garages located beneath habitable rooms in occupancies in Use Group R-1, R-2, R-3 or I-1 shall be separated from adjacent interior spaces by fire partitions and floor/ceiling assembly which are constructed with not less than 1-hour fire resisting rating. Private garages attached side-by-side to rooms in the above occupancies shall be completely separated from the interior spaces and the attic area by means of 1/2 inch gypsum board or the equivalent applied to the garage means of 1.2 inch gypsum board or the equivalent applied to the garage side. (Chapter 4, Section 407.0 of the BOCA/1996)
9. All chimneys and vents shall be installed and maintained as per Chapter 12 of the City's Mechanical Code. (The BOCA National Mechanical Code/1993), Chapter 12 & NFPA 211
10. Sound transmission control in residential building shall be done in accordance with Chapter 12, Section 1214.0 of the City's Building Code.
11. Guardrails & Handrails: A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level. Minimum height all Use Groups 42", except Use Group R which is 36". In occupancies in Use Group A, B, H-4, I-1, I-2, M and R and public garages and open parking structures, open guards shall have balusters or be of solid material such that a sphere with a diameter of 4" cannot pass through any opening. Guards shall not have an ornamental pattern that would provide a ladder effect. (Handrails shall be a minimum of 34" but not more than 38". Use Group R-3 shall not be less than 30", but not more than 38"). Handrail grip size shall have a circular cross section with an outside diameter of at least 1 1/4" and not greater than 2". (Sections 1021 & 1022.0). Handrails shall be on both sides of stairway. (Section 1014.7)
12. Headroom in habitable space is a minimum of 6'6". (Section 1204.0)
13. Stair construction in Use Group R-3 & R-4 is a minimum of 10" tread and 7 1/2" maximum rise. All other Use Group minimum 11" tread, 7" maximum rise. (Section 1014.0)
14. The minimum headroom in all parts of a stairway shall not be less than 80 inches. (6'8") 1014.4
15. Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside without the use of special knowledge or separate tools. Where windows are provided as means of egress or rescue they shall have a sill height not more than 44 inches (1118mm) above the floor. All egress or rescue windows from sleeping rooms shall have a minimum net clear opening height dimension of 24 inches (610mm). The minimum net clear opening width dimension shall be 20 inches (508mm), and a minimum net clear opening of 5.7 sq. ft. (Section 1010.4)
16. Each apartment shall have access to two (2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units. (Section 1010.1)
17. All vertical openings shall be enclosed with construction having a fire rating of at least one (1) hour, including fire doors with self-closer's. (Over 3 stories in height requirements for fire rating is two (2) hours. (Section 710.0)
18. The boiler shall be protected by enclosing with (1) hour fire rated construction including fire doors and ceiling, or by providing automatic extinguishment. (Table 302.1.1)

THIS IS NOT A PERMIT/CONSTRUCTION CANNOT COMMENCE UNTIL THE PERMIT IS ISSUED

**Building or Use Permit Pre-Application
Attached Single Family Dwellings/Two-Family Dwelling
Multi-Family or Commercial Structures and Additions Thereto**

In the interest of processing your application in the quickest possible manner, please complete the information below for a Building or Use Permit.

NOTEIf you or the property owner owes real estate or personal property taxes or user charges on ANY PROPERTY within the City, payment arrangements must be made before permits of any kind are accepted.**

Location/Address of Construction (include Portion of Building): 334 Brighton Ave, Portland Me	
Total Square Footage of Proposed Structure: 5740 ±	Square Footage of Lot
Tax Assessor's Chart, Block & Lot Number	Owner:
Chart# 17A Block# C Lot# 009	Maine Medical Center
Owner's Address:	Lessee/Buyer's Name (If Applicable)
22 Bramhall St. Portland	
Proposed Project Description: (Please be as specific as possible) Interior Renovations	
Contractor's Name, Address & Telephone: 767-1866 Ledgewood Inc. 27 Main St S. Portland	
Current Use: Medical	Proposed Use: MEDICAL
Telephone#:	Telephone#:
	871-2447
Cost Of Work:	Fee
\$ 504,795	\$ 3054-

Separate permits are required for Internal & External Plumbing, HVAC and Electrical installation.

- All construction must be conducted in compliance with the 1996 B.O.C.A. Building Code as amended by Section 6-Art II.
 - All plumbing must be conducted in compliance with the State of Maine Plumbing Code.
 - All Electrical Installation must comply with the 1996 National Electrical Code as amended by Section 6-Art III.
 - HVAC (Heating, Ventilation and Air-Conditioning) installation must comply with the 1993 BOCA Mechanical Code.
- You must include the following with you application:

- 1) A Copy of Your Deed or Purchase and Sale Agreement
- 2) A Copy of your Construction Contract, if available
- 3) A Plot Plan/Site Plan

Minor or Major site plan review will be required for the above proposed projects. The attached checklist outlines the minimum standards for a site plan.

4) Building Plans

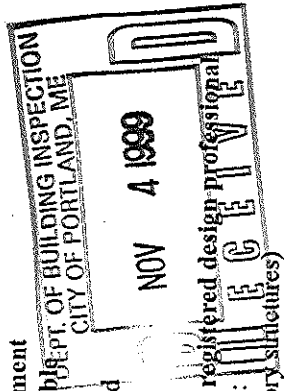
- Unless exempted by State Law, construction documents must be designed by a registered design professional. A complete set of construction drawings showing all of the following elements of construction:
- Cross Sections w/Framing details (including porches, decks w/ railings, and accessory structures)
 - Floor Plans & Elevations
 - Window and door schedules
 - Foundation plans with required drainage and dampproofing
 - Electrical and plumbing layout. Mechanical drawings for any specialized equipment such as furnaces, chimneys, gas equipment, HVAC equipment (air handling) or other types of work that may require special review must be included.

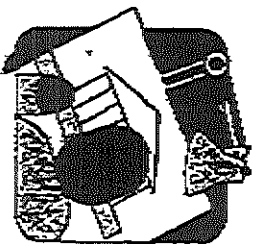
Certification

I hereby certify that I am the Owner of record of the named property, and 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/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: *Sealwater* Date: 11.1.99

Building Permit Fee: \$30.00 for the 1st \$1000.cost plus \$6.00 per \$1,000.00 construction cost thereafter.
Additional Site review and related fees are attached on a separate addendum





CITY OF PORTLAND MAINE

389 Congress St., Rm 315

Portland, ME 04101

Tel. - 207-874-8704

Fax - 207-874-8716

TO: Inspector of Buildings City of Portland, Maine
Planning & Urban Development
Division of Housing & Community Services

FROM DESIGNER: USA INC

DATE: NOVEMBER 2, 1999

Job Name: BRIGHAM FIRST CARE REHABILITATION

Address of Construction: 334 BRIGHAM AVE.

THE BOCA NATIONAL BUILDING CODE/1996 THIRTEENTH EDITION

Construction project was designed according to the building code criteria listed below:

Building Code and Year: BOCA 1996 **Use Group Classification(s):** INSTITUTIONAL

Type of Construction: INTERIOR **Blgd. Height:** N/A **Blgd. Sq. Footage:** UNKNOWN

Seismic Zone: **Group Class:**

Roof Snow Load Per Sq. Ft.: N/A **Dead Load Per Sq. Ft.:** N/A

Basic Wind Speed (mph): N/A **Effective Velocity Pressure Per Sq. Ft.:** N/A

Floor Live Load Per Sq. Ft.: N/A

Structure has full sprinkler system? Yes No **Alarm System?** Yes No
Sprinkler & Alarm systems must be installed according to BOCA and NFPA Standards with approval from the Portland Fire Department.

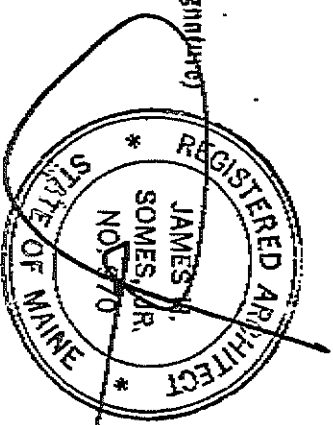
Is structure being considered unlimited area building: Yes No

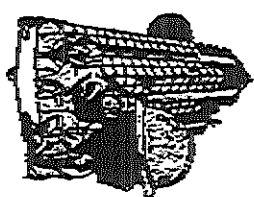
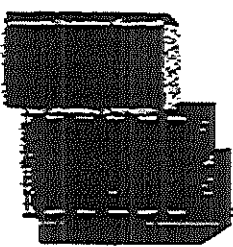
If mixed use, what subsection of 313 is being considered:

List Occupant loading for each room or space, designed into this Project.

PSM 9/24/99

(Designer's Stamp & Signature)





CITY OF PORTLAND
BUILDING CODE CERTIFICATE

TO: Inspector of Buildings City of Portland, Maine
Department of Planning & Urban Development
Division of Housing & Community Service

FROM: USA INC.

RE: Certificate of Design

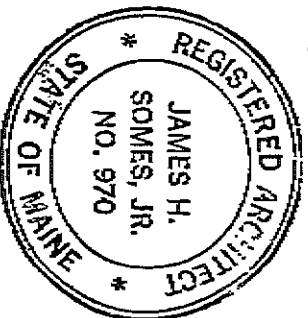
DATE: November 2, 1999

These plans and/or specifications covering construction work on:

3304 PORTSMOUTH FIRST CARE RENOVATION
3304 PORTSMOUTH AVE PORTLAND ME

Have been designed and drawn up by the undersigned, a Maine registered architect/engineer according to the BOCA National Building Code/1996 Thirteenth Edition, and local amendments.

(SEAL)



Signature: [Signature]
Title: PRINCIPAL
Firm: USA INC.
Address: 361 HANOVER ST
PORTSMOUTH, NH 03801

As per Maine State Law:

\$50,000.00 or more in new construction, repair expansion, addition, or modification for Building or Structures, shall be prepared by a registered design Professional.

PSH 9/24/99



State of Maine
Department of Public Safety
Construction Permit



Reviewed
 for Barrier
 Free

11995

Sprinkled

121-2-9

ME. MEDICAL CENTER-HEALTH SOUTH REHAB-BRIGHTON CAM

Located at: 335 BRIGHTON AVE.

PORTLAND

Occupancy/Use: HOSPITAL

Permission is hereby given to:

MAINE MEDICAL CENTER, BRIGHTON

**335 BRIGHTON AVE. UNIT 201
 PORTLAND, ME 041022374**

to construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved. no departure from application form/plans shall be made without prior approval in writing. This permit is issued under the provision of Title 25, Chapter 317, Section 2448 and the provisions of Title 5, Section 4594 - F.

Nothing herein shall excuse the holder of this permit for failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions. Each permit issued shall be displayed/available at the site of construction.

This permit will expire at midnight on the 14th of April 2002

Dated the 15th day of October A.D. 2001

Commissioner

Fee: \$200.00
 \$200.00

Copy-3 Code Enforcement Officer

Comments:

Code Enforcement Officer
 PORTLAND, ME

REVIEWED FOR

BARRIER FREE

COMPLIANCE

STATE OF MAINE

**DEPARTMENT OF PUBLIC SAFETY
LICENSING AND INSPECTIONS UNIT**

AUGUSTA

CONSTRUCTION PERMIT



121.C.009

Permit No. 10069

PERMISSION IS HEREBY GIVEN TO:

Location of project:

Maine Medical Center

22 Bramhall St.

Portland, ME 04102

335 Brighton Ave.

Portland, ME

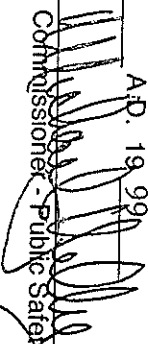
PROJECT TITLE:
Removs. to Brighton Campus/
ME Rehab. Hospital
OCCUPANCY CLASSIFICATION:
Hospital

To construct or alter the afore referenced building according to the plans hitherto filed with the Commissioner and now approved. No departure from such plans shall be made without prior approval in writing.

This permit will expire at midnight on December 21, 19 99
This permit is issued under the provisions of Title 25, Chapter 317, Section 2448

Nothing herein shall excuse the holder of this permit for the failure to comply with local ordinances, zoning laws, or other pertinent legal restrictions.

Dated the 22nd day of June
FEE \$ 150/50 Hospital

A.D. 19 99

Commissioner - Public Safety

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation: Yorkland
 Street: 335 Bridgton Ave
 Subdivision Lot #: PROPERTY OWNERS NAME
Plome Medical Center Bridgton Maine
 Last: _____ First: _____

Permit # 90101002
 Date Permit Issued: 10/10/02

Local Plumbing Inspector Signature: _____

TOWN COPY 7977
 L.P.I. # 015798
 If Double Fee Changed

Applicant Name: Johnson's Jordan, Inc
 Mailing Address of Owner/Applicant (if Different): 18 Mossey Rd Scarborough, ME 04099

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 Inspectors to deny a Permit.

Signature of Owner/Applicant: Christine Jordan Date: 2/12/02

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for
 1. NEW PLUMBING
 2. RELOCATED PLUMBING

Plumbing To Be Installed By:
 1. MASTER PLUMBER
 2. OIL BURNERMAN
 3. MFGD. HOUSING DEALER/MECHANIC
 4. PUBLIC UTILITY EMPLOYEE
 5. PROPERTY OWNER
 LICENSE # 0224110

Type of Structure To Be Served:

- 1. SINGLE FAMILY DWELLING
- 2. MODULAR OR MOBILE HOME
- 3. MULTIPLE FAMILY DWELLING
- 4. OTHER - SPECIFY Medical Office

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2	Number	Column 1
		Type of Fixture		Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system. OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Hosebib / Silcock		Bathub (and Shower)
		Floor Drain	<u>0.2</u>	Shower (Separate)
		Urinal	<u>0.1</u>	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	<u>0.1</u>	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
		Fixtures (Subtotal) Column 2	<u>0.4</u>	Fixtures (Subtotal) Column 1
		Fixtures (Subtotal) Column 2	<u>0.8</u>	Fixtures (Subtotal) Column 2
		Total Fixtures	<u>0.6</u>	Total Fixtures
		Fixtures Fee	<u>6.-</u>	Transfer Fee
		Hook-Up & Relocation Fee	<u>10.-</u>	Permit Fee
		TRANSFEEER FEE (\$6.00)		Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Fixtures Fee	<u>6.-</u>
Transfer Fee	<u>10.-</u>
Permit Fee	<u>59.-</u>
Permit Fee (Total)	69.-

PLUMBING APPLICATION

PROPERTY ADDRESS

Town or Plantation Portland, MAINE

Street
Subdivision Lot #

PROPERTY OWNERS NAME

First: WILLIAM NEPPHINO
Last: 335 BRINTON AVE

Applicant Name: PORTLAND, ME

Mailing Address of Owner/Applicant (if Different)

#3
121-C-009

T.M.
Department of Human Sciences
Division of Health Engineering

PORTLAND
Date Permit Issued: 5/21/01
Local Plumbing Inspector Signature: _____
L.P.I. # 91214

7706 TOWN COPY
\$ 121.0101 H Double Fee
FEE Charged

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 Inspectors to deny a Permit.

Caution: Inspection Required

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

Signature of Owner/Applicant _____ Date _____

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

- This Application is for:
- 1. NEW PLUMBING
 - 2. RELOCATED PLUMBING

- Type of Structure To Be Served:
- 1. SINGLE FAMILY DWELLING
 - 2. MODULAR OR MOBILE HOME
 - 3. MULTIPLE FAMILY DWELLING
 - 4. OTHER - SPECIFY COMMERCIAL

- Plumbing To Be Installed By:
- 1. MASTER PLUMBER
 - 2. OIL BURNERMAN
 - 3. MFG'D. HOUSING DEALER/MECHANIC
 - 4. PUBLIC UTILITY EMPLOYEE
 - 5. PROPERTY OWNER
- LICENSE # 1000000024

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<p>OR</p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p>			Hosebibb / Sillcock		Bathub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal	1	Sink
			Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filler, etc.		Clothes Washer
			Grease / Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
			Other: _____		Water Heater
<p>OR</p> <p>TRANSFER FEE [56.00]</p>			Fixtures (Subtotal) Column 2	0	Fixtures (Subtotal) Column 1
			Fixtures (Subtotal) Column 2	0	Fixtures (Subtotal) Column 1

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Fixtures Fee	
Transfer Fee	
Hook-Up & Relocation Fee	
Permit Fee	
Total	24.00

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 9/12/01
Permit # 1887
CBL# 121 C000

LOCATION: 335 Brighton Ave. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Maine Medical
 TENANT Brighton Medical Center PHONE # _____

	82	Receptacles	75	Switches	Smoke Detector	TOTAL EACH FEE
FIXTURES		Incandescent	335	Fluorescent	Strips	20
		Overhead		Underground	TTL AMPS	15.00
		Overhead		Underground	>800	25.00
TEMPORARY SERVICE		Overhead		Underground	TTL AMPS	25.00
METERS		(number of)				25.00
MOTORS		(number of)				25.00
RESID/COM		Electric units				1.00
HEATING		oil/gas units				2.00
APPLIANCES		Ranges	Interior	Exterior		1.00
		Insta-Hot	Cook Tops	Wall Ovens		5.00
		Dryers	Water heaters	Fans		2.00
		Compactors	Disposals	Dishwasher		2.00
MISC. (number of)		Others (denote)	Spa	Washing Machine		2.00
		Air Cond/win				2.00
		HVAC		Pools		3.00
		Signs	EMS	Thermostat		10.00
		Alarms/res				5.00
		Alarms/com				10.00
		Heavy Duty(CRKT)				5.00
		Circus/Carnv				2.00
		Alterations				15.00
		Fire Repairs				5.00
		E Lights				15.00
		E Generators				1.00
PANELS		Service	Remote	Main		20.00
TRANSFORMER		0-25 Kva				4.00
		25-200 Kva				5.00
		Over 200 Kva				8.00
INSPECTION:		MINIMUM FEE/COMMERCIAL	45.00	TOTAL AMOUNT DUE		98.40
		Will be ready		MINIMUM FEE	35.00	
		or will call				

CONTRACTORS NAME Seabee Electric MASTER LIC. # 17768
 ADDRESS 200 Anderson St. LIMITED LIC. # _____
 TELEPHONE 774-4880
 SIGNATURE OF CONTRACTOR Henry Paul Seabee

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 8-29-01

Permit # 1657

CBL# 1210009

LOCATION: Prime Edge Shopping Ctr 335 Brighton Ave.

METER MAKE & # _____

CMP ACCOUNT # _____ OWNER AKOSMART

PHONE # 7255008

OUTLETS	ID	Receptacles	Switches	Smoke Detector	TOTAL EACH FEE
FIXTURES	11	Incandescent	4	Fluorescent	20
SERVICES		Overhead	Underground	Strips	.20
		Overhead	Underground	TTL AMPS	15.00
Temporary Service		Overhead	Underground	TTL AMPS	<800 >800 25.00
METERS		(number of)	Underground	TTL AMPS	25.00
MOTORS		(number of)	Interior	Exterior	25.00
RESID/COM		Electric units	Cook Tops	Wall Ovens	1.00
HEATING		oil/gas units	Water heaters	Fans	2.00
APPLIANCES		Ranges	Disposals	Dishwasher	1.00
		Insta-Hot	Spa	Washing Machine	5.00
MISC. (number of)		Air Cond/win	Others (denote)	Washing Machine	2.00
		Air Cond/cent	Others (denote)	Washing Machine	2.00
		HVAC	EMS	Pools	3.00
		Signs	EMS	Thermostat	10.00
		Alarms/res	EMS	Thermostat	5.00
		Alarms/com	EMS	Thermostat	10.00
		Heavy Duty(CRKT)	EMS	Thermostat	5.00
		Circus/Carnv	EMS	Thermostat	15.00
		Alterations	EMS	Thermostat	2.00
		Fire Repairs	EMS	Thermostat	25.00
		E Lights	EMS	Thermostat	5.00
		E Generators	EMS	Thermostat	15.00
PANELS		Service	Remote	Thermostat	1.00
TRANSFORMER		0-25 Kva	Remote	Main	20.00
		25-200 Kva	Remote	Main	4.00
		Over 200 Kva	Remote	Main	5.00
		Over 200 Kva	Remote	Main	8.00
		Over 200 Kva	Remote	Main	10.00
INSPECTION:		Will be ready <u>11/1/01</u>			
		MINIMUM FEE/COMMERCIAL <u>45.00</u>			
		MINIMUM FEE			35.00
		or will call			45.00

CONTRACTORS NAME AWC Electric Assoc. MASTER LIC. # 66017631

ADDRESS 824 Ross Street, Tall #240 LIMITED LIC. # _____

TELEPHONE 843-2968

SIGNATURE OF CONTRACTOR