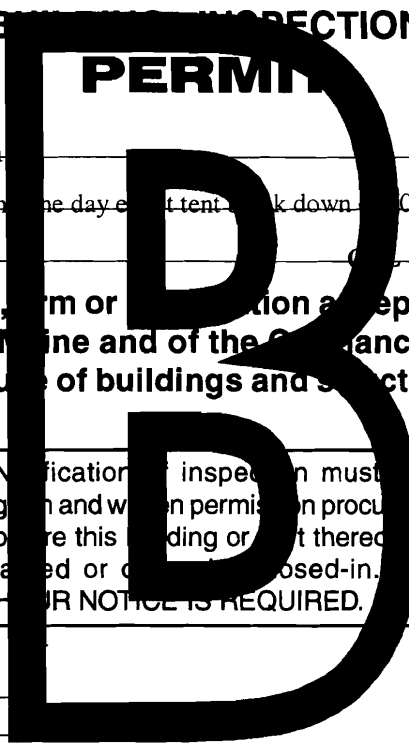


DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT



Please Read Application And Notes, If Any, Attached

PERMIT ISSUED JUN - 8 2007 CITY OF PORTLAND

Permit Number: 070564

This is to certify that CITY OF PORTLAND /n/ a

has permission to Center for Grieving Children the day of tent k down 07

AT 656 BAXTER BLVD 158 A024001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine 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 altered or closed-in. FOUR NOTICES IS 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: 6/8/07 Ch. H. Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-0564	Issue Date:	CBL: 158 A024001
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Location of Construction: 656 BAXTER BLVD	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS ST	Phone:
Business Name:	Contractor Name: n/a	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Tents	Zone: ROS

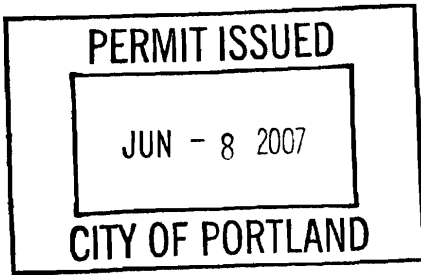
Past Use: ROS/ Payson Park	Proposed Use: ROS/ Payson Park Center for Grieving Children One day event tent break down 6/9/07	Permit Fee:	Cost of Work: \$30.00	CEO District: 4
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: <i>feet.</i>	

Proposed Project Description: Center for Grieving Children One day event tent break down 6/9/07	Signature: <i>6/2/07</i>	Signature: <i>6/8/07</i>
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: 05/18/2007	<b>Zoning Approval</b>
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input checked="" type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: <i>OK 5/21/07</i>	Date:	Date: <i>cr</i>



**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 5/30/07  
Permit # 07-4410  
CBL# 159 D 011

**LOCATION:** 25 Murray St. **METER MAKE & #** \_\_\_\_\_  
**CMP ACCOUNT #** \_\_\_\_\_ **OWNER** Margaret Smith  
**TENANT** \_\_\_\_\_ **PHONE #** 207-773-2628

**TOTAL EACH FEE**

OUTLETS	Receptacles	Switches	Smoke Detector	FEE
				.20
FIXTURES	Incandescent	Fluorescent	Strips	FEE
				.20
SERVICES	Overhead	Underground	TTL AMPS <800	FEE
				15.00
	Overhead	Underground	TTL AMPS >800	FEE
				25.00
Temporary Service	Overhead	Underground	TTL AMPS	FEE
				25.00
METERS	(number of)			FEE
				1.00
MOTORS	(number of)			FEE
				2.00
RESID/COM	Electric units			FEE
				1.00
HEATING	oil/gas units	Interior	Exterior	FEE
				5.00
APPLIANCES	Ranges	Cook Tops	Wall Ovens	FEE
				2.00
	Insta-Hot	Water heaters	Fans	FEE
				2.00
	Dryers	Disposals	Dishwasher	FEE
				2.00
	Compactors	Spa	Washing Machine	FEE
				2.00
	Others (denote)			FEE
				2.00
MISC. (number of)	Air Cond/win			FEE
				3.00
	Air Cond/cent		Pools	FEE
				10.00
	HVAC	EMS	Thermostat	FEE
				5.00
	Signs			FEE
				10.00
	Alarms/res			FEE
				5.00
	Alarms/com			FEE
				15.00
	Heavy Duty(CRKT)			FEE
				2.00
	Circus/Carnv			FEE
				25.00
	Alterations			FEE
				5.00
	Fire Repairs			FEE
				15.00
	E Lights			FEE
				1.00
	E Generators			FEE
				20.00
PANELS	Service	Remote	Main	FEE
				4.00
TRANSFORMER	0-25 Kva			FEE
				5.00
	25-200 Kva			FEE
				8.00
	Over 200 Kva			FEE
				10.00
<b>TOTAL AMOUNT DUE</b> <u>55.</u>				
<b>MINIMUM FEE/COMMERCIAL</b> <u>45.00</u>				
<b>MINIMUM FEE</b> 35.00				<u>45.</u>

**CONTRACTORS NAME** ADT Security **MASTER LIC. #** MC 60017614  
**ADDRESS** 18 Clinton Dr Hollis, NH **LIMITED LIC. #** \_\_\_\_\_  
**TELEPHONE** 603 594-5900  
**SIGNATURE OF CONTRACTOR** \_\_\_\_\_  
 White Copy - Office      Yellow Copy - Applicant