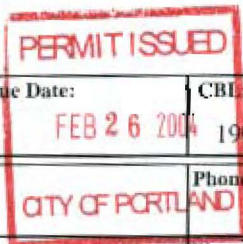


**City of Portland, Maine - Building or Use Permit Application**

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

Permit No: 04-0112	Issue Date: FEB 26 2004	CBL: 190 D006001
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<b>Location of Construction:</b> 51 Sewall St	<b>Owner Name:</b> Rheumatology Realty Associates	<b>Owner Address:</b> 51 Sewall St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Maine State Builders	<b>Contractor Address:</b> 245 Warren Ave Portland	<b>Phone:</b> 2077735504
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	<b>Zone:</b> RP
<b>Past Use:</b> Medical Office	<b>Proposed Use:</b> Medical Office / tenant fit-up	<b>Permit Fee:</b> \$300.00	<b>Cost of Work:</b> \$30,918.00
		<b>CEO District:</b> 3	
<b>Proposed Project Description:</b> Medical Office / tenant fit-up		<b>FIRE DEPT:</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: B Type: BOCA 1999
		<b>Signature:</b> <i>[Signature]</i>	<b>Signature:</b> <i>[Signature]</i>
<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b>			
Action <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied			
		<b>Signature:</b>	<b>Date:</b>

<b>Permit Taken By:</b> ldobson	<b>Date Applied For:</b> 02/09/2004	<b>Zoning Approval</b>
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>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..</p>	<b>Special Zone or Reviews</b> <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"/> MN <input type="checkbox"/> Date: <i>ok 2/24/04</i>	<b>Zoning Appeal</b> <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:	<b>Historic Preservation</b> <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:
	<p><i>Separate permits required for any new signage</i></p>		

**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 \_\_\_\_\_

2/19/04 - Called Bob Davenport to inform him  
that an electrician was here to get a permit and  
walls were up. I informed him by message to please  
desist any more building until permit has been issued.  
Tom

3/5/04 Pre-Con In office (yellow sheet) w/ Bob Davenport.  
All Plumbing & Elec. Boyp will be left open  
for Insp

190-D-006

# BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or ~~874-8693~~ to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

**Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

**Footing/Building Location Inspection:** Prior to pouring concrete

**Re-Bar Schedule Inspection:** Prior to pouring concrete

**Foundation Inspection:** Prior to placing ANY backfill


**Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling

**Final/Certificate of Occupancy:** Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

**CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR BEFORE THE SPACE MAY BE OCCUPIED**

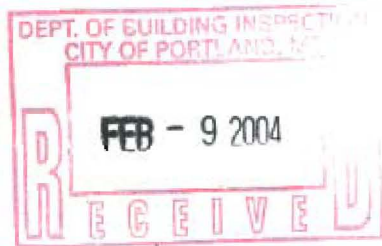
  
\_\_\_\_\_  
Signature of applicant/designee

\_\_\_\_\_  
Date 2/29/03  
\_\_\_\_\_  
Date

Signature of Inspections Official

CBL: 190 D 006 Building Permit #: 03-0845

002



## All Purpose Building Permit Application

If 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: <u>51 Sewall St Portland</u>		
Total Square Footage of Proposed Structure	Square Footage of Lot	
<b>Tax Assessor's Chart, Block &amp; Lot</b> Chart#      Block#      Lot# <u>190</u> <u>D</u> <u>006001</u>	Owner: <u>Rheumatology Assoc</u> <u>51 Sewall St</u> <u>Portland ME 04102</u>	Telephone:
Lessee/Buyer's Name (if Applicable) <u>Rheumatology Associates</u>	Applicant name, address & telephone: <u>Maine State Builders 773-5524</u> <u>245 Warren Ave Portland</u>	Cost Of Work: \$ <u>30,918</u> Fee: \$ <u>300.00</u>
Current use: <u>medical office</u> If the location is currently vacant, what was prior use: <u>N/A</u> Approximately how long has it been vacant: <u>N/A</u> Proposed use: Project description: <u>update Billing office space</u>		
Contractor's name, address & telephone: <u>Maine State Builders 245 Warren Ave Portland</u> Who should we contact when the permit is ready: <u>Bob Davenport 749-1549</u> Mailing address:		
We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up.      PHONE: <u>749-1549</u>		

**IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APPROVE THIS PERMIT.**

*I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work 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: <u>Bob Davenport</u>	Date: <u>2/9/04</u>
--	---------------------

This is NOT a permit, you may not commence ANY work until the permit is issued.  
 If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4<sup>th</sup> floor of City Hall

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

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

Permit No: 04-0112	Date Applied For: 02/09/2004	CBL: 190 D006001
-----------------------	---------------------------------	---------------------

<b>Location of Construction:</b> 51 Sewall St	<b>Owner Name:</b> Rheumatology Realty Associates	<b>Owner Address:</b> 51 Sewall St	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Maine State Builders	<b>Contractor Address:</b> 245 Warren Ave Portland	<b>Phone:</b> (207) 773-5504
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Commercial	

<b>Proposed Use:</b> Medical Office / tenant fit-up	<b>Proposed Project Description:</b> Medical Office / tenant fit-up
--	--

**Dept:** Zoning      **Status:** Approved      **Reviewer:** Marge Schmuckal      **Approval Date:** 02/24/2004  
**Note:**      **Ok to Issue:**

**Dept:** Building      **Status:** Approved      **Reviewer:** Tammy Munson      **Approval Date:** 02/26/2004  
**Note:**      **Ok to Issue:**

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Lt. MacDougal      **Approval Date:** 02/25/2004  
**Note:**      **Ok to Issue:**

1) the

# BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

200  **Pre-construction Meeting:** Must be scheduled with your inspection team upon receipt of this permit. Jay Reynolds, Development Review Coordinator at 874-8632 must also be contacted at this time, before any site work begins on any project other than single family additions or alterations.

N/A  **Footing/Building Location Inspection:** Prior to pouring concrete

N/A  **Re-Bar Schedule Inspection:** Prior to pouring concrete

N/A  **Foundation Inspection:** Prior to placing ANY backfill

200  **Framing/Rough Plumbing/Electrical:** Prior to any insulating or drywalling

200  **Final/Certificate of Occupancy:** Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

200  If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

**CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED**

Bob Davenport  
Signature of Applicant/Designee

Date

Jim Wamale  
Signature of Inspections Official

Date

CBL: 190 0006 Building Permit #: \_\_\_\_\_

# PLUMBING APPLICATION

Department of Human Sciences  
Division of Health Engineering

#3 52  
190 DOOB

409  
10/12

## PROPERTY ADDRESS

Town or Plantation: PORTLAND  
Street Subdivision Lot #: 51 SEWALL ST.

## PROPERTY OWNERS NAME

PHLEUMATOLOGY ASSOCIATES  
Last: \_\_\_\_\_ First: \_\_\_\_\_  
Applicant Name: SOUTHERN MAIN PLUMBING & HEATING INC.  
Mailing Address of Owner/Applicant (If Different): 160 PRESUMPSCOT ST PORTLAND, ME 04103

PORTLAND  
Date Permit Issued: 10/10/00 7472 TOWN COPY  
\$ 1410.00 FEE Charged  Double Fee Charged  
L.P.I. # 011214  
Local Plumbing Inspector Signature: \_\_\_\_\_

## 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.

J. L. Page 10/10/00  
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 OFFICE

### 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 # 1022881

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<p><b>OR</b></p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p>PIPING RELOCATION; of sanitary lines, drains, and piping without new fixtures.</p> <p><b>OR</b></p> <p>TRANSFER FEE [ \$6.00 ]</p>		Hosebibb / Sillcock	0, 1	Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	0, 3	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
	Fixtures (Subtotal) Column 2	0, 4	Fixtures (Subtotal) Column 1	
		0, 0	Fixtures (Subtotal) Column 2	
		0, 4	<b>Total Fixtures</b>	
			Fixture Fee	
			Transfer Fee	
			Hook-Up & Relocation Fee	
		24	<b>Permit Fee (Total)</b>	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

24  
10  
34

# ELECTRICAL PERMIT

## City of Portland, Me.



#3

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 2-18-04  
 Permit # 2004-4187  
 CBL# 190 D006

LOCATION: St Sewall METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER Rheumatology Assoc.  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

							TOTAL	EACH FEE	
OUTLETS	10	Receptacles	2	Switches		Smoke Detector	.20	2.40	
FIXTURES	8	Incandescent	5	Fluorescent		Strips	.20	1.00	
SERVICES		Overhead		Underground		TTL AMPS <800	15.00		
		Overhead		Underground		>800	25.00		
Temporary Service		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		
MISC. (number of)		Others (denote)					2.00		
		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			
							TOTAL AMOUNT DUE		
MINIMUM FEE/COMMERCIAL 45.00							MINIMUM FEE	<del>35.00</del>	5.00

CONTRACTORS NAME R SNYDER ELECTRIC MASTER LIC. # MC 60018361  
 ADDRESS P.O. Box 1333 S.W. ME 04072 LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 207 284 8886

SIGNATURE OF CONTRACTOR



Please call 874-8703 or 874-8693 to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initialzing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

- Footing/Building Location Inspection: Prior to pouring concrete
- Re-Bar Schedule Inspection: Prior to pouring concrete
- Foundation Inspection: Prior to placing ANY backfill
- Framing/Rough Plumbing/Electrical: Prior to any insulating or drywalling
- Final Certificate of Occupancy: Prior to any occupancy of the structure or use. NOTE: There is a \$75.00 fee per inspection at this point.

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection

If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

~~CERTIFICATE OF OCCUPANCIES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED~~

Bac Davaroff  
Signature of Applicant/Designee

Date  
10-6-06

[Signature]  
Signature of Inspections Official

Date

CBL: 190 DC

Building Permit #: 061254

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation: PORTLAND

Street Subdivision Lot #: 51 SMALL ST.

## PROPERTY OWNERS NAME

RHEUMATOLOGY ASSOC

Last: \_\_\_\_\_ First: \_\_\_\_\_

Applicant Name: SOUTHERN MAINE PUGH & HEATING INC.

Mailing Address of Owner/Applicant (if Different): 160. PINEHURST COT ST PORTLAND, ME 04103

## 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: \_\_\_\_\_ Date: 11/15/06

PORTLAND PERMIT # 10086 TOWN COPY

Date Permit Issued: 11/15/06

\$ 11.22  Double Fee Charged

Local Plumbing Inspector Signature: \_\_\_\_\_

L.P.I. # 0749

## 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.  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 MED OFFICE

### 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 # 02288

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<b>OR</b> 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.		Hosebib / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<b>OR</b> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	0,5	Sink
		Drinking Fountain	0,3	Wash Basin
<b>OR</b> TRANSFER FEE [\$6.00]		Indirect Waste	0,3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease/Dip Separator		Dish Washer
		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
		Other:		Water Heater
		Fixtures (Subtotal) Column 2	11	Fixtures (Subtotal) Column 1
			0,0	Fixtures (Subtotal) Column 2
			11	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			72	<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

# 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 \_\_\_\_\_  
 Permit # 2006-5120  
 CBL# 190 D 6

LOCATION: 51 SELBEE ST METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER \_\_\_\_\_  
 TENANT \_\_\_\_\_ PHONE # \_\_\_\_\_

						TOTAL EACH FEE	
OUTLETS	<u>50</u>	Receptacles	<u>20</u>	Switches		Smoke Detector	.20
FIXTURES	<u>10</u>	Incandescent	<u>40</u>	Fluorescent	<u>2</u>	Strips	.20
SERVICES		Overhead		Underground		TTL AMPS <800	15.00
		Overhead		Underground		>800	25.00
Temporary Service		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
	<u>1</u>	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	<u>1</u>	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 55.00	MINIMUM FEE 45.00



CONTRACTORS NAME Jim Hawler MASTER LIC. # MS40010200  
 ADDRESS 25 WARREN ST LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 772-4551

SIGNATURE OF CONTRACTOR [Signature]