

Form # P 04

**DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND**

Please Read Application And Notes, If Any, Attached

BUILDING INSPECTION

PERMIT ISSUED
Permit Number: 061124
CITY OF PORTLAND

This is to certify that AMERICAN NATIONAL R CROSS /Moulton Custom Home B
has permission to Offices - Tenant Fit-up
AT 2401 CONGRESS ST 239A A004001

provided that the person or persons who perform or supervise the work in accepting 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 provided. 24 HOUR NOTICE 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: 06-1124	Issue Date: PERMIT ISSUED	CDL: 239A A004001
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Location of Construction: 2401 CONGRESS ST	Owner Name: AMERICAN NATIONAL RED CR	Owner Address: 2401 CONGRESS ST	Phone:
Business Name:	Contractor Name: Moulton Custom Home Builders, In	Contractor Address: 58 Eastman Road Cape Elizabeth	Phone: 2078316728
Lessee/Buyer's Name	Phone:	Permit Type: Amendment to Commercial	Zone: I-M

Past Use: Commercial / Offices	Proposed Use: Commercial/ Offices - Tenant Fit-up	Permit Fee: \$220.00	Cost of Work: \$20,000.00	CEO District: 3
Proposed Project Description: Offices - Tenant Fit-up		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B Type: 25 8/7/06	
		Signature: <i>Greg Case</i>		Signature: <i>Greg Case</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: Idobson	Date Applied For: 07/31/2006	Zoning Approval		
<ol style="list-style-type: none"> 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 <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan w/conditions - use N.T.A. change use Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 8/3/06	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 8-16-07
Permit # 2007-4614
CBL# 239AA 004002

LOCATION: 2401 Congress St. METER MAKE & # _____
CMP ACCOUNT # _____ OWNER Dental Arts
TENANT _____ PHONE # _____

						TOTAL	EACH	FEE	
OUTLETS	<u>18</u>	Receptacles	<u>6</u>	Switches		Smoke Detector	<u>24</u>	.20	<u>4.80</u>
FIXTURES		Incandescent	<u>18</u>	Fluorescent		Strips	<u>18</u>	.20	<u>3.60</u>
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	
		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			<u>55.00</u>
						MINIMUM FEE/COMMERCIAL	<u>45.00</u>		
						MINIMUM FEE	<u>35.00</u>		

CONTRACTORS NAME B. H. Milliken MASTER LIC. # ML00016837
ADDRESS 125 Anderson St. Portland ME LIMITED LIC. # _____
TELEPHONE 879-1877

SIGNATURE OF CONTRACTOR [Signature]
White Copy - Office • Yellow Copy - Applicant