## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 **Location of Construction:** Owner: Phone: Permit No: 446 Fore St Sollay Fune Lessee/Buyer's Name: Owner Address: Phone: BusinessName: defice's find 440 hore of Pale, 12 44161 Permit Issued: Contractor Name: Address: Phone: 374-1933 ALG | 4 1997 COST OF WORK: Past Use: PERMIT FEE: Proposed Use: 15.90 \$ less than i, cot FIRE DEPT. Approved INSPECTION: Use Group: Type: ☐ Denied Zone: CBL: Signature: 11 13 / Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Impano to Cadalage Inch's bouce Denied □Wetland 442-446 Poid St ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: hary Greens 03 July 1997 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation □ Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation □ Not in District or Landmark ☐ Does Not Require Review □ Requires Review Action: CERTIFICATION □ Appoved □ Approved with Conditions 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 □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit DATE: ADDRESS: SIGNATURE OF APPLICANT Scut Stehow

PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

## **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 specification:

National Electrical code and the following specification:			11 0	ctob	er l	.996
LOCATION: 446 For	re St	Permit #	<u> L</u>	<u>M</u> 1	6583	}

OWNER Soley, Joe/Tap's & above-all floors ADDRESS

AUT. = 70					IOIAL	EACH	FEE
OUTLETS							
	Receptacles	Switches	Smoke Detector			.20	
IXTURES	(number of)						
	incandescent	fluorescent				.20	
	fluorescent strip					.20	
SERVICES						•	
	Overhead		TTLAMPSTO	800		15.00	
	Underground			800		15.00	
TEMPORARY SERV.							
	Overhead		AMPS OVER	800		25.00	
	Underground			800		25.00	
METERS	(number of)					1.00	
MOTORS	(number of)					2.00	
RESID/COM	Electric units					1.00	
HEATING	oil/gas units					5.00	
APPLIANCES	Ranges	CookTops	Wall Ovens			2.00	
	Water heaters	Fans	Dryers	-		2.00	
Disposals	Dishwasher	Compactors	Others (denote)			2.00	
MISC. (number of)	Air Cond/win					3.00	
	Air Cond/cent					10.00	
	Signs					5.00	
	Pools					10.00	
	Alarms/res					5.00	
	Alarms/com		Fire		X	15.00	15.00
	Heavy Duty					2.00	
	Outlets						
	Circus/Carnv					25.00	<del> </del>
	Alterations					5.00	<u> </u>
	Fire Repairs					15.00	
	E Lights				_	1.00	
	E Generators					20.00	
	Panels					4.00	
TRANSFORMER	0-25 Kva					5.00	<del> </del>
	25-200 Kva					8.00	<del></del>
	Over 200 Kva					10.00	<del> </del>
			TOTAL AMOUNT	DUE			<del>  -</del>
	MINIMUM FEE/COI	MMERCIAL 35.00	MINIMUM FEE		25.00		25.00
INSPECTION:	_ <del></del>	eady	or will call				

CONTRACTORS NAME	Timeco System	
ADDRESS	27 Portland St Ptld	
TELEPHONE	772–6294	
MASTER LICENSE No.		SIGNATURE OF CONTRACTOR
LIMITED LICENSE No.	LM 16583	- J 100/

CO	OMMENTS
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	<del></del>
9/11/97 Conplite	9- all
/	
	X
	Inspection Decoud
	Inspection Record Type Date
	Foundation:
	Framing:
	Plumbing:Final:
	Other: