APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date October 22, 19 85

Receipt and Permit number 05124

...CAL INSPECTOR, Portland, Maine:

...eby applies for a permit to make electrical installations in accordance with the laws of ...ctrical Ordinance, the National Electrical Code and the following specifications:

575 Congress Street

...aine National Bank ADDRESS: SAME

FEES

... Switches ___ Plugmold ___ ft. TOTAL ___

...of) ___ Flourescent ___ (not strip) TOTAL ___

...cent ___ ft. ___ 3.00

... Underground X Temporary ___ TOTAL amperes 200 ___ .50

...of) 1

...er

...ATING:

(number of units) ___

...umber of rooms) ___ XXXXXXXX

...R INDUSTRIAL HEATING: 10.00

...s (by a main boiler) ___

...s (by separate units) ___ Over 20 kws X

...Under 20 kws ___

(number of) ___ Water Heaters ___

Disposals ___

Dishwashers ___

Compactors ___

Others (denote) ___

...TAL ___

...OUS: (number of)

... Panels ___

...ormers ___

...onditioners Central Unit ___

Separate Units (windows) ___

20 sq. ft. and under ___

Over 20 sq. ft. ___

...mming Pools Above Ground ___

In Ground ___

.../Burglar Alarms Residential ___

Commercial ___

...vy Duty Outlets, 220 Volt (such as welders) 30 amps and under ___

over 30 amps ___

...cus, Fairs, etc. ___

...terations to wires ___

...pairs after fire ___

...ergency Lights, battery ___

...ergency Generators ___

INSTALLATION FEE DUE: ___

...DITIONAL WORK NOT ON ORIGINAL PERMIT ... DOUBLE FEE DUE: ___

...MOVAL OF A "STOP ORDER" (304-16.b) ... TOTAL AMOUNT DUE: $ 13.50

...TION:

Will be ready on 10/22, 19 85 or Will Call ___

...RACTOR'S NAME: Eastern Electric

ADDRESS: P.O. Box 346, Portland, Maine 04104

TEL.: 772-6762

...ER LICENSE NO.: 3279

...TED LICENSE NO.: ___

SIGNATURE OF CONTRACTOR: [signature]

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS —

Permit Number 05124

Location 575 Congress St.

Owner Maine Nat'l Bank

Date of Permit 10-22-85

Final Inspection 10-22-85

By Inspector Kelly

Permit Application Register Page No. 90

INSPE...

REMARKS:

912398

Permit # ___ City of Portland BUILDING PERMIT APPLICATION Fee ___ Zone ___ Map # ___ Lot # ___

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: ___ Phone # ___

Address: ___

LOCATION OF CONSTRUCTION ___ Congress St.

Contractor: ___ Sub.: ___

Address: ___ Phone # ___

Est. Construction Cost: ___ Proposed Use: ___

Past Use: ___

# of Existing Res. Units ___ # of New Res. Units ___

Building Dimensions L ___ W ___ Total Sq. Ft. ___

Stories: ___ # Bedrooms ___ Lot Size: ___

Is Proposed Use: Seasonal ___ Condominium ___ Conversion ___

Explain Conversion ___

For Official Use Only

Date 3/11/91 Subdivision: ___

Inside Fire Limits ___ Name ___

Bldg Code ___ Lot ___

Time Limit ___ Ownership: ___ Public

Estimated Cost ___ Private

PERMIT ISSUED MAR 13 1991 City of Portland

Zoning:

Street Frontage Provided: ___

Provided Setbacks: Front ___ Back ___ Side ___ Side ___

Review Required:

Zoning Board Approval: Yes ___ No ___ Date: ___

Planning Board Approval: Yes ___ No ___ Date: ___

Conditional Use: ___ Variance ___ Site Plan ___ Subdivision ___

Shoreland Zoning Yes ___ No ___ Floodplain Yes ___ No ___

Special Exception ___

Other ___ (Explain) OK 3-12-91

HISTORIC PRESERVATION

Foundation:

1. Type of Soil ___
2. Set Backs - Front ___ Rear ___ Side(s) ___
3. Footings Size ___
4. Foundation Size ___
5. Other ___

Floor:

1. Sills Size: ___ Sills must be anchored.
2. Girder Size: ___
3. Lally Column Spacing: ___ Size: ___
4. Joists Size: ___ Spacing 16" O.C.
5. Bridging Type: ___ Size: ___
6. Floor Sheathing Type: ___ Size: ___
7. Other Material: ___

Exterior Walls:

1. Studding Size ___ Spacing ___
2. No. windows ___
3. No. Doors ___
4. Header Sizes ___ Span(s) ___
5. Bracing: Yes ___ No ___
6. Corner Posts Size ___
7. Insulation Type ___ Size ___
8. Sheathing Type ___ Size ___
9. Siding Type ___ Weather Exposure ___
10. Masonry Materials ___
11. Metal Materials ___

Interior Walls:

1. Studding Size ___ Spacing ___
2. Header Sizes ___ Span(s) ___
3. Wall Covering Type ___
4. Fire Wall if required ___
5. Other Materials ___

Ceiling:

1. Ceiling Joists Size: ___
2. Ceiling Strapping Size ___ Spacing ___
3. Type Ceilings: ___
4. Insulation Type ___ Size ___
5. Ceiling Height: ___

Roof:

1. Truss or Rafter Size ___ Span ___
2. Sheathing Type ___ Size ___
3. Roof Covering Type ___

Action: Approved / Approved with conditions / Denied. Date: 3/12/91

Chimneys:

Type: ___ Number of Fire Places ___

Heating:

Type of Heat: ___

Electrical:

Service Entrance Size: ___ Smoke Detector Required Yes ___ No ___

Plumbing:

1. Approval of soil test if required Yes ___ No ___
2. No. of Tubs or Showers ___
3. No. of Flushes ___
4. No. of Lavatories ___
5. No. of Other Fixtures ___

Swimming Pools:

1. Type: ___
2. Pool Size: ___ x ___ Square Footage ___
3. Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase

Signature of Applicant [signature] Date 3/11/91

Signature of CEO ___ Date 3/11/91

Inspection Dates ___

White-Tax Assesor Yellow-GPCOG White Tag-CEO © Copyright GPCOG 1986

N

PLAN

FEES (Breakdown From Front)

Base Fee $ ___

Subdivision Fee $ ___

Site Plan Review Fee $ ___

Other Fees $ ___

(Explain) ___

Late Fee $ ___

COMMENTS

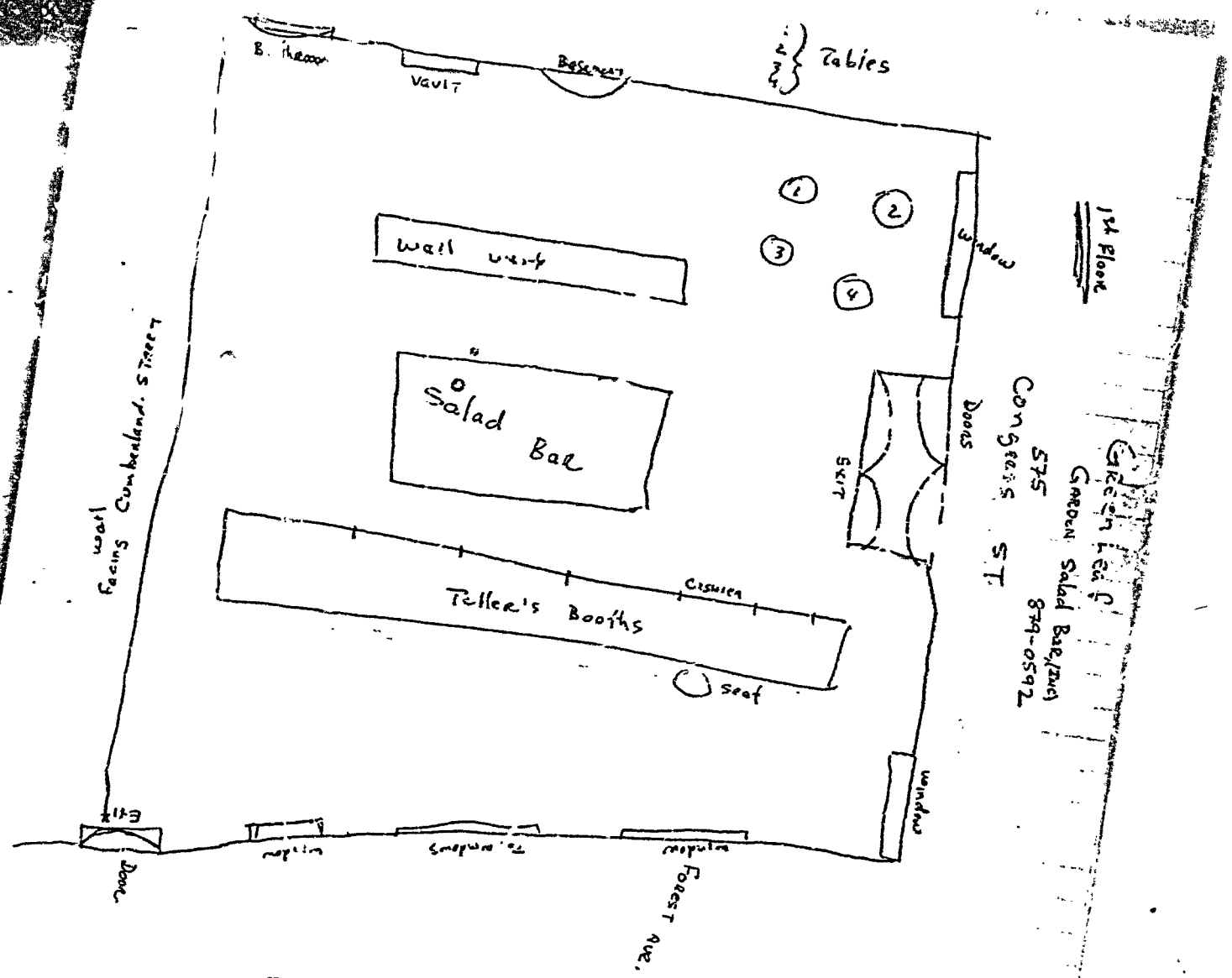
Inspection Record

Type ___ Date ___

Date 3/11/91

Signature of Applicant [signature]

PLOT PLAN



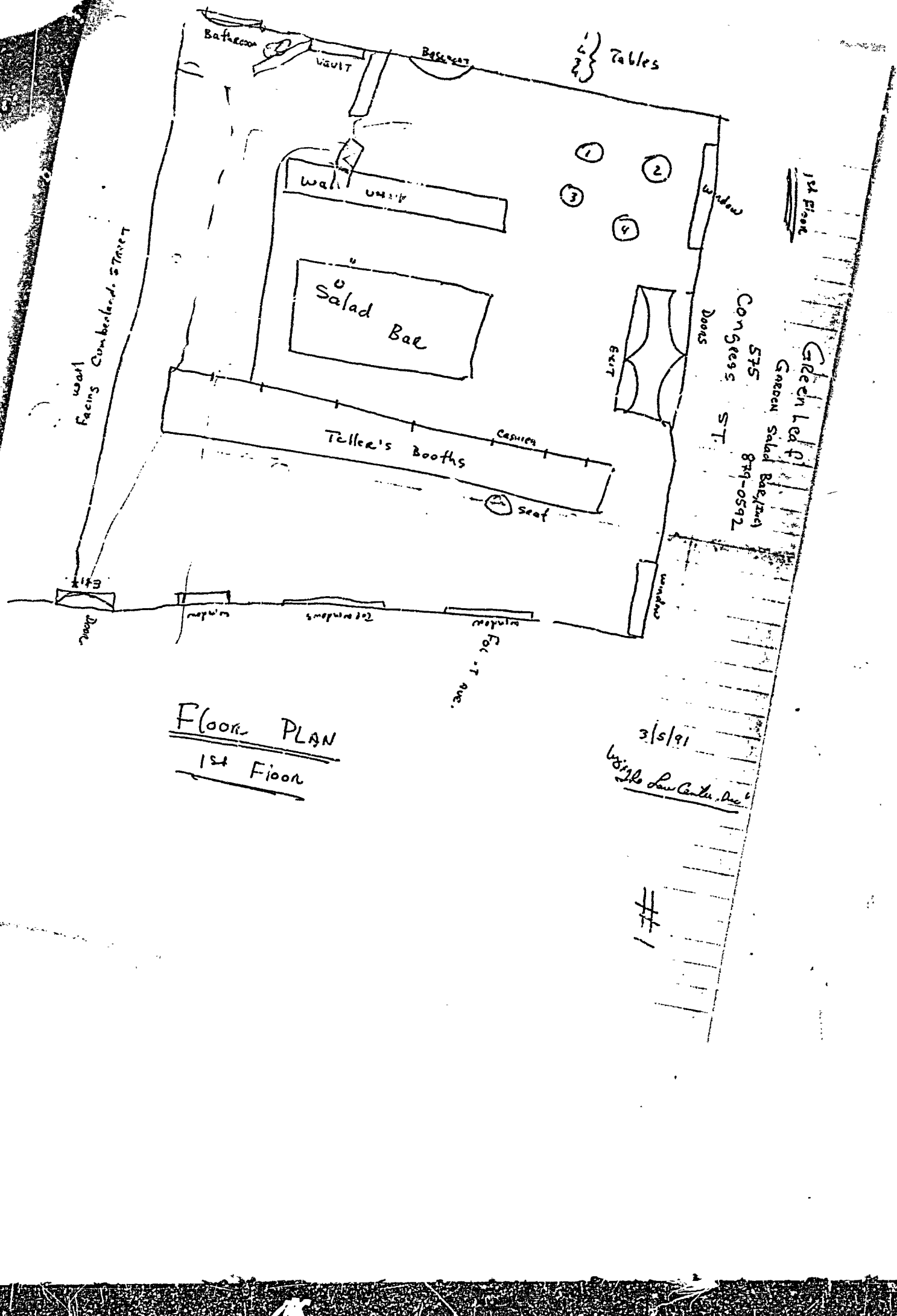
Floor PLAN
1st Floor

3/5/91
Wright Law Co.

#1

MAR 1 2 1991

CITY OF BUILDING ...
CITY OF PORTLAND



Floor PLAN
1st Floor

3/5/91

Visible Law Center Ave.

1"=1'

To be installed in basement

2 bowl sink 275.00

Rich 797-4033 3/8/91

Signed
Rich Snyder

Lee Buzzell
775-6733

879-0592

10:30 AM.

LICENSE INSPECTION SLIP (Dist.: White-Clerk, Pink-Fire, Yellow-Inspections)

NAME OF APPLICANT The Law(rte inc (Larry Greene)

NAME OF BUSINESS Greenleaf Salad Bar

ADDRESS OF BUSINESS 37 E Congress St.

PHONE 871-8778 DATE OF APPLICATION 3/4/91

TYPE OF LICENSE(S) APPLYING FOR: FSE (W/Fire)

For use by Clerk's Dept. only:
Returned
NEW ✓ Change of Ownership
RENEWAL
FEES DUE
DATE ISSUED

ZONING: (Check One) APPROVED ☒ DENIED ☐ ZONE B-3

3-4-91
DATE

Signature of Zoning Enforcement Officer

Comments:

INSPECTION SERVICES: (Check One) APPROVED ☐ DENIED ☐

DATE

Signature of Inspector

DATE

Signature of Chief or Asst. Chief of Inspection Services

Comments:

FIRE PREVENTION BUREAU: (Check One) APPROVED ☐ DENIED ☐

DATE

Signature of Fire Prevention Officer

Comments:

For Use by City Clerk's Office Only

No Food License Greenleaf Salad Bar

ONE BAY Sink - Too shallow - NO Hot H2O

No Refrigeration -- MAYO @ room Temp

No Change of Use Permit

No exit signage or Lighting

Fire extinguisher

Basement - Food on floor

Asbestos in Room

Floor being ripped up - dust debris

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation

Street

Subdivision Lot #

PROPERTY OWNERS NAME

Last First

Applicant Name

Mailing Address of Owner/Applicant (If Different)

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 Inspector to deny a Permit.

Signature of Owner/Applicant Date

Caution: Inspection Required

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

Date Passed 11/9/94 $ 10.00 FEE Double Fee Charged

Local Plumbing Inspector Signature Date Approved 11/9/94

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: Restaurant

Plumbing To Be Installed By:

1. ☒ MASTER PLUMBER
2. ☐ OIL BURNER-MAN
3. ☐ MFG D. HOUSING DEALER/MECHANIC
4. ☐ PUBLIC UTILITY EMPLOYEE
5. ☐ PROPERTY OWNER

LICENSE # 1164U

Number	Hook-Ups And Piping Relocat	Number	Column 2 Type Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal	1	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filter, etc		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dishwasher
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other:		Water Heater
	Hook-Up Fee		Fixtures (Subtotal) Column 2	1	Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
				1	Total Fixtures
				$ 7.00	Fixture Fee
				$	Hook-Up Fee
				$ 17.00	Permit (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Page 1 of 1
HHE - 211 Rev. 4/93

TOWN COPY

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: WHITE FORD

Street Subdivision Lot #: 571-575 CONGRESS ST

PROPERTY OWNERS NAME

Last: DORENCE First: PAULETTE

Applicant Name: DAVE THE PLUMBER

Mailing Address of Owner/Applicant (If Different): P.O. BOX 2001 SO. PORT.

PORTLAND Date Permit Issued: 6/10/92 4502 TOWN COPY $ 9.15 FEE ☐ If Boxes Are Checked

Local Plumbing Inspector Signature L.P.I. # 0124

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 Inspector to deny a Permit.

Signature of Owner/Applicant — Date

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 B/R - REST -

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 # 1933

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Column 2 Number	Column 2 Type of Fixture	Column 1 Number	Column 1 Type of Fixture
	HOOK UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Silkcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
	OR		Urinal	2	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			[illegible]		Laundry Tub
	Number of Hook-Ups & Relocations	1	Other: LEE TRAILER		Water Heater
$	Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 1
				1	Fixtures (Subtotal) Column 2
				3	Total Fixtures
				$	Fixture Fee
				$	Hook-Up & Relocation Fee
				$ 9.15	Permit Fee Total

DAVE THE PLUMBER
775-7775 SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE
INSP. 6-11-1992 TIME 1:00 =

TOWN COPY

Permit # 923899 923893 City of Portland **BUILDING PERMIT APPLICATION** Fee $30.00 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: XXXXX Vincent Bonomo Phone # 773-6056

Address: 574 Congress St. Ptld,ME 04101

LOCATION OF CONSTRUCTION 574 Congress St.

Contractor Jeff Rockwell Sub.: _____

Address: 184 Read St.PtldMe 04103 Phone # 761-3939

Est. Construction Cost: _____ Proposed Use: Retail Store w/sign

Past Use: Retail Store

# of Existing Res. Units _____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion erecting sign 10' x 2 (10x2)

For Official Use Only

Date 6/19/92

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost _____

Subdivision: _____ Name _____ Lot _____

Ownership: _____ Public _____ Private

JUL 10 1992

Zoning: B3 PAID

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: _____

Planning Board Approval: Yes ____ No ____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision ____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____ No ____

Special Exception _____

Other _____ (Explain) _____

WAIVED 10-25-92

HISTORIC PRESERVATION

Not in District or Landmark

Does not require review

Requires Review

Action: Approved

Approved with Conditions

Denied

Date: _____

Signature: _____

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Material _____

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No. _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes ____ No ____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By J. Fogg

Signature of Applicant _____ Date 6/19/92

Jeff Rockwell

CEO's District 5

CONTINUED TO REVERSE SIDE

5 MA, W179

White - Tax Assessor

Ivory Tag - CEO

Mark Mitchell

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee $25.00 Zone _____ Map # _____ Lot# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Greenleaf Garden Salad Bar Phone # 879-0078

Address: 31 Exchange St. Portland, Maine 04101

LOCATION OF CONSTRUCTION 575 Congress St. — second floor

Contractor: self Sub.: _____

Address: _____ Phone # _____

Est. Construction Cost: $780.00 Proposed Use: apartment

_____ Past Use: restaurant

# of Existing Res. Units ____ # of New Res. Units _____

Building Dimensions L _____ W _____ Total Sq. Ft. _____

Stories: _____ # Bedrooms _____ Lot Size: _____

Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____

Explain Conversion change of use as per plan

For Official Use Only

Date May 24, 1991

Inside Fire Limits _____

Bldg Code _____

Time Limit _____

Estimated Cost $780.00

Subdivision:

Name _____

Lot _____

Ownership: _____ Public _____ Private

Zoning: B-3 Zone

Street Frontage Provided: _____

Provided Setbacks: Front _____ Back _____ Side _____ Side _____

Review Required:

Zoning Board Approval: Yes ____ No ____ Date: _____

Planning Board Approval: Yes ____ No ____ Date: _____

Conditional Use: _____ Variance _____ Site Plan _____ Subdivision ____

Shoreland Zoning Yes ____ No ____ Floodplain Yes ____ No ____

Special Exception _____

Other _____ (Explain) _____

2nd floor vacant ⇒ apartment

per M. Mitchell

Foundation:

1. Type of Soil: _____
2. Set Backs - Front _____ Rear _____ Side(s) _____
3. Footings Size: _____
4. Foundation Size: _____
5. Other _____

Floor:

1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
4. Joists Size: _____ Spacing 16" O.C.
5. Bridging Type: _____ Size: _____
6. Floor Sheathing Type: _____ Size: _____
7. Other Materials: $25-00 Stop order till fee due upon issuance

Exterior Walls:

1. Studding Size _____ Spacing _____
2. No. windows _____
3. No. Doors _____
4. Header Sizes _____ Span(s) _____
5. Bracing: Yes _____ No. _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____
9. Siding Type _____ Weather Exposure _____
10. Masonry Materials _____
11. Metal Materials _____

1st Fl Change of use permit 3-91

Interior Walls:

1. Studding Size _____ Spacing _____
2. Header Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Coffee & take out food

Ceiling:

1. Ceiling Joists Size: _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____

What's Exit

Roof:

1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____

Chimneys:

Type: _____ Number of Fire Places _____

Heating:

Type of Heat: _____

11-2-92

Electrical:

Service Entrance Size: _____ Smoke Detector Required Yes ____ No ____

Plumbing:

1. Approval of soil test if required Yes _____ No _____
2. No. of Tubs or Showers _____
3. No. of Flushes _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____

permit not issued

Swimming Pools:

1. Type: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Permit Received By Latini

Signature of Applicant Robin Watts as agent Date 5/24/91

Robin Watts

Signature of CEO _____ Date _____

Inspection Dates _____

HISTORIC PRESERVATION

- Not in District or Landmark
- Does not require review.
- Requires Review.

Action: ___ Approved.
___ Approved with Conditions.
___ Denied.

Date: 10-29-91

White-Tax Assesor Yellow-GPCOG White Tag CEO

Inspection Services
Samuel P. Hoffses
Chief

Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

— 575 Congress St

July 01, 1991

Dear Mr. Watts,

This letter is in reference to your application to install an apartment at 575 Congress Street in Portland. It will be necessary for you to supply this office with a plot plan indicating the land area and any parking provided. I would also note that your application lists "Greenleaf Salad Bar" as owner of the property. This does not agree with our records. It is necessary that we know the name of the owner or corporation in whose name title is held.

Sincerely,

William D. Giroux,
Zoning Administrator

cc: Joseph E. Gray Jr., Director, Planning and Urban Development
Samuel P. Hoffses, Chief Inspection Services
Mark Mitchell, Code Enforcement Officer

APPLICATION FOR PERMIT

DEPARTMENT OF BUILDING INSPECTIONS SERVICES

ELECTRICAL INSTALLATIONS

Date 31 March 1995, 19__
Receipt and Permit number 13851

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 Portland Electrical Ordinance, the National Electrical Code and the following specifications:
LOCATION OF WORK: 575 Congress St
OWNER'S NAME: Whit's End ADDRESS: _____

		FEES
OUTLETS:		
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____		
FIXTURES: (number of)		
Incandescent _____ Flourescent _____ (not strip) TOTAL _____		
Strip Flourescent _____ ft.		
SERVICES:		
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____		
METERS: (number of) _____		
MOTORS: (number of)		
Fractional _____		
1 HP or over _____		
RESIDENTIAL HEATING:		
Oil or Gas (number of units) _____		
Electric (number of rooms) _____		
COMMERCIAL OR INDUSTRIAL HEATING:		
Oil or Gas (by a main boiler) _____		
Oil or Gas (by separate units) _____		
Electric Under 20 kws _____ Over 20 kws _____		
APPLIANCES: (number of)		
Ranges 1 / Water Heaters _____		
Cook Tops _____ / Disposals _____		
Wall Ovens _____ / Dishwashers _____		
Dryers _____ / Compactors _____		
Fans 1 / Others (denote) _____		
TOTAL _____		4.00
MISCELLANEOUS: (number of)		
Branch Panels _____		
Transformers _____		
Air Conditioners Central Unit _____		
Separate Units (windows) _____		
Signs 20 sq. ft. and under _____		
Over 20 sq. ft. _____		
Swimming Pools Above Ground _____		
In Ground _____		
Fire/Burglar Alarms Residential _____		
Commercial _____		
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____		
over 30 amps _____		
Circus, Fairs, etc. _____		
Alterations to wires _____		
Repairs after fire _____		
Emergency Lights, battery _____		
Emergency Generators _____		
INSTALLATION FEE DUE:		
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... DOUBLE FEE DUE:		
FOR REMOVAL OF A "STOP ORDER" (304-16.b)		
TOTAL AMOUNT DUE:		15.00

INSPECTION:
Will be ready on 3/31, 19__; or Will Call _____
CONTRACTOR'S NAME: The Electrician Theodore Hassapelis
ADDRESS: 1231 Forest Ave
TEL.: 878-0006
MASTER LICENSE NO.: 13851
LIMITED LICENSE NO.: _____
SIGNATURE OF CONTRACTOR: _____

INSPECTOR'S COPY — WHITE
OFFICE COPY — CANARY
CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS

Permit Number 2951

Location 575 Constitution

Owner Wilfred Bird

Date of Permit 3-31-95

Final Inspection 4-20-95

By Inspector Stan Bradley

Permit Application Register Page No. Category 1

INSPECTIONS: Service _____ by _____

Service called in _____

Closing 4-3-95 by SB

PROGRESS INSPECTIONS _____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

DATE:	REMARKS: