

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 90 High St		Owner: Shalom House		Phone:		Permit No: 971110 PERMIT ISSUED Permit Issued: OCT 16 1997 CITY OF PORTLAND	
Owner Address:		Lessee/Buyer's Name:		Phone:			Business Name: PERMIT FEE: INSPECTION: Use Group: Type:
Contractor Name: Hall Brothers Contracting, Inc.		Address: P.O. Box 619 Berwick, ME 03901		Phone: 698-1551			
Past Use: Handicap Family Unit (?)		Proposed Use: Same		COST OF WORK: \$ 12,000.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>			
Proposed Project Description: Re-roof structure - Non structural				Signature: <i>[Signature]</i>		PERMIT FEE: \$ 80.50 (precut) INSPECTION: Use Group: Type:	
Permit Taken By: Mary Gresik		Date Applied For: 07 October 1997				Signature: <i>[Signature]</i>	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

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 provisions of the code(s) applicable to such permit

Paul R. Thibodeau For Hall Bros. Contracting
 SIGNATURE OF APPLICANT Paul Thibodeau ADDRESS: DATE: 07 October 1997 PHONE: 207-698-1551

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Zoning Appeal

- ☐ Variance
- ☐ Miscellaneous
- ☐ Conditional Use
- ☐ Interpretation
- ☐ Approved
- ☐ Denied

Historic Preservation

- ☐ Not in District or Landmark
- ☐ Does Not Require Review
- ☒ Requires Review

Action:

- ☒ Approved
- ☐ Approved with Conditions
- ☐ Denied

Date: 10/16/97

CEO DISTRICT

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A. R. [Signature]

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 18 April 1997

Permit # 7765

LOCATION: 90 High St

OWNER Shalom House ADDRESS _____

TOTAL EACH FEE

OUTLETS	Telephone		Data		CATV			.20	
	Receptacles	20	Switches	20	Smoke Detector		40	.20	8.00
FIBER OPTICS								15.00	
FIXTURES	incandescent		fluorescent				30	.20	6.00
	fluorescent strip							.20	
SERVICES	Overhead				TTL AMPS TO	800		15.00	
	Underground					800		15.00	
Temporary Service	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		Interior		Exterior			5.00	
APPLIANCES	Ranges		Cook Tops		Wall Ovens			2.00	
Insta-Hot	Water heaters		Fans		Dryers			2.00	
Disposals	Dishwasher		Compactors		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						1	15.00	15.00
	Heavy Duty(CRKT)							2.00	
	Circus/Carnv							25.00	
	Alterations						1	5.00	5.00
	Fire Repairs							15.00	
	E Lights						12	1.00	12.00
	E Generators							20.00	
PANELS	Service		Remote		Main		1	4.00	4.00
TRANSFORMER	0-25 Kva							5.00	
	25-200 Kva							8.00	
	Over 200 Kva							10.00	
					TOTAL AMOUNT DUE				
					MINIMUM FEE/COMMERCIAL 35.00			25.00	50.00

INSPECTION: Will be ready _____ or will call XXXXX

CONTRACTORS NAME T.A. Napolitano MASTER LIC. # 7765
 ADDRESS P.O. Box 2301 S.P. LIMITED LIC. # _____
 TELEPHONE 799-0588

SIGNATURE OF CONTRACTOR

T.A. Napolitano