

received permit 9/10/01 for review - eg

9/20/01 Framing plumbing ok and Elect ok per MW₀

9/24/01 Did Electrical 2nd + 3rd floor
OK to Close in

Did wall then checked tile work
in Juthrooms 2nd + 3rd floor
finish work under way
mu

Final Inspection Done
#12 OK to Close out

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 8-28-01
 Permit # 1834
 CBL# 061-E-001

LOCATION: 15 Vaughan St METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER Sava Meachum
 TENANT _____ PHONE # _____

| | | | | | | | | TOTAL EACH FEE | | | | |
|-------------------|----|------------------|----|---------------|----|-----------------|------|------------------------|-------|--------------------------------|-------|-------|
| OUTLETS | 34 | Receptacles | 37 | Switches | 13 | Smoke Detector | | 84 | .20 | 16.80 | | |
| FIXTURES | 59 | Incandescent | | Fluorescent | | Strips | | 59 | .20 | 11.80 | | |
| SERVICES | ✓ | Overhead | | Underground | | TTL AMPS | <800 | 1 | 15.00 | 15.00 | | |
| | | Overhead | | Underground | | | >800 | | 25.00 | | | |
| Temporary Service | | Overhead | | Underground | | TTL AMPS | | | 25.00 | | | |
| | | | | | | | | T | 25.00 | 25.00 ^{ex} | | |
| METERS | 1 | (number of) | | | | | | 1 | 1.00 | 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 | 2.00 | | |
| | | Insta-Hot | | Water heaters | | Fans | | 1 | 2.00 | | | |
| | | Dryers | | Disposals | | Dishwasher | | | 2.00 | | | |
| | | Compactors | | Spa | ✓ | Washing Machine | | 1 | 2.00 | 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 | 1 | Service | 1 | Remote | 1 | Main | | 3 | 4.00 | 12.00 | | |
| 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 | 35.00 | 60.00 |

INSPECTION: Will be ready 8-29-01 or will call _____

CONTRACTORS NAME John Perry Electric P. Inc MASTER LIC. # 3695
 ADDRESS 381 Danforth St LIMITED LIC. # _____
 TELEPHONE 329-3033 Cell

SIGNATURE OF CONTRACTOR [Signature]

PLUMBING APPLICATION

081 E 001

LOG

PROPERTY ADDRESS

Town Or Plantation: Portland
Street Subdivision Lot #: 15 VAUGHAN ST

PROPERTY OWNERS NAME

Last: MEACHAM First: SARAH

Applicant Name: CDORIA PLUMBING, INC

Mailing Address of Owner/Applicant (If Different): 10 STONECREST DR PORTLAND, ME 04103

PORTLAND 7834 TOWN COPY

Date Permit Issued: 9/14/04 \$ 24.00 If Double Fee FEE Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 0124

#3
#20W E 001

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: [Signature] 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 | Type Of Structure To Be Served: | Plumbing To Be Installed By: |
|---|--|--|
| 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING | 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER — SPECIFY _____ | 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>1167</u> |

| Hook-Up & Piping Relocation Maximum of 1 Hook-Up | Column 2 | | Column 1 | |
|--|------------------------------|--|----------|------------------------------|
| | Number | Type of Fixture | Number | Type of Fixture |
| HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system. PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures. | | Hosebibb / Silcock | 2 | Bathtub (and Shower) |
| | | Floor Drain | | Shower (Separate) |
| | | Urinal | | Sink |
| | | Drinking Fountain | 1 | Wash Basin |
| | | Indirect Waste | 1 | 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 |
| OR TRANSFER FEE [\$6.00] | Fixtures (Subtotal) Column 2 | | 4 | Fixtures (Subtotal) Column 1 |
| | | | 0 | Fixtures (Subtotal) Column 2 |
| | | | 4 | Total Fixtures |
| | | | \$ 24 | Fixture Fee |
| | | | \$ | Transfer Fee |
| | | | \$ | Hook-Up & Relocation Fee |
| | | | \$ 24 | Permit Fee (Total) |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE