

ISLAND AVE. (REAR) CLIFF ISL., ME.  
109-B-B-1



# APPLICATION FOR PERMIT

## DEPARTMENT OF BUILDING INSPECTIONS SERVICES

### ELECTRICAL INSTALLATIONS

Date May 25, 19 77  
 Receipt and Permit number A09993

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: Lot # 1C7-B-B-1 Rear Island Ave. Cliff Island, Me.  
 OWNER'S NAME: William Lunederg ADDRESS: same

OUTLETS: (number of) 1-30

|              |                        |       |
|--------------|------------------------|-------|
| Lights       | _____                  | FEES  |
| Receptacles  | _____                  |       |
| Switches     | _____                  |       |
| Plugmold     | _____ (number of feet) | 3.00  |
| <b>TOTAL</b> | _____                  | _____ |

FIXTURES: (number of)

|                            |  |       |
|----------------------------|--|-------|
| Incandescent               | _____                                    |       |
| Fluorescent                | _____ (Do not include strip fluorescent) |       |
| <b>TOTAL</b>               | _____                                    | _____ |
| Strip Fluorescent, in feet | _____                                    | _____ |

SERVICES:

|                                     |       |      |
|-------------------------------------|-------|------|
| Permanent, total amperes <u>200</u> | _____ | 3.00 |
| Temporary                           | _____ | .50  |

METERS: (number of) 1

MOTORS: (number of)

|              |       |  |
|--------------|-------|--|
| Fractional   | _____ |  |
| 1 HP or over | _____ |  |

RESIDENTIAL HEATING:

|                                     |       |      |
|-------------------------------------|-------|------|
| Oil or Gas (number of units)        | _____ |      |
| Electric (number of rooms) <u>9</u> | _____ | 9.00 |

COMMERCIAL OR INDUSTRIAL HEATING:

|                                |       |  |
|--------------------------------|-------|--|
| Oil or Gas (by a main boiler)  | _____ |  |
| Oil or Gas (by separate units) | _____ |  |
| Electric (total number of kws) | _____ |  |

APPLIANCES: (number of)

|              |       |  |                 |       |      |
|--------------|-------|--|-----------------|-------|------|
| Ranges       | _____ |  |                 |       |      |
| Cook Tops    | _____ |  | Water Heaters   | _____ |      |
| Wall Ovens   | _____ |  | Disposals       | _____ |      |
| Dryers       | _____ |  | Dishwashers     | _____ |      |
| Fans         | _____ |  | Compactors      | _____ |      |
|              | _____ |  | Others (denote) | _____ |      |
| <b>TOTAL</b> | _____ |  |                 |       | 1.50 |

MISCELLANEOUS: (number of)

|                           |       |  |
|---------------------------|-------|--|
| Branch Panels             | _____ |  |
| Transformers              | _____ |  |
| Air Conditioners          | _____ |  |
| Signs                     | _____ |  |
| Fire/Burglar Alarms       | _____ |  |
| Circus, Fairs, etc.       | _____ |  |
| Alterations to wires      | _____ |  |
| Repairs after fire        | _____ |  |
| Heavy Duty, 220v outlets  | _____ |  |
| Emergency Lights, battery | _____ |  |
| Emergency Generators      | _____ |  |

|  |  |                 |
|--|--|-----------------|
| FOR ADDITIONAL WORK NO. ON ORIGINAL PERMIT   |  | DOUBLE FEE DUE: |
| FOR REMOVAL OF A "STOP ORDER" (304-16.b)     |  |                 |
| FOR PERFORMING WORK WITHOUT A PERMIT (304-9) |  | 17.00           |
| <b>TOTAL AMOUNT DUE:</b>                     |  | <b>17.00</b>    |

INSPECTION: Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call

CONTRACTOR'S NAME: P. A. Gomez  
 ADDRESS: Chebague Island, Me.  
 TEL.: 846-4110

MASTER LICENSE NO.: 4676 limited license SIGNATURE OF CONTRACTOR:

LIMITED LICENSE NO.: \_\_\_\_\_

INSPECTOR'S COPY

ELECTRICAL INSTALLATIONS --

Permit Number 9993  
Location Lot 109-B-B-1 Rear Island Ave. Cliff Is.  
Owner Wm Lundberg  
Date of Permit 5-25-77  
Final Inspection 6-8-78  
By Inspector Chibby  
Permit Application Register Page No. 99

*Cliff Island*

INSPECTIONS: Service C by Chibby  
Service called in 6-8-78  
Closing-in 6-8-78 by Chibby  
PROGRESS INSPECTIONS: 6-8-77 / 6-8-77 / 6-8-77 / 6-8-77 / 6-8-77 / 6-8-77 / 6-8-77 / 6-8-77 / 6-8-77 / 6-8-77

CODE COMPLIANCE COMPLETED DATE 6-8-78

REMARKS:

6-8-78 Call site - water pipes bonded?

PERMIT # 002720 TOWN OF Portland BUILDING PERMIT APPLICATION

MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

109B-3-1

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

Owner: Francis Luneburg  
 Address: Cliff Island Me 04019

LOCATION OF CONSTRUCTION Lot 109A-B-4 Sunset Rd Cliff Island

CONTRACTOR: Robert Cl Howard SUBCONTRACTORS:  
 ADDRESS: Cliff Island Me 04019

Est. Construction Cost: 2,500 Type of Use: Single Family

Part Use: \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain Construct New Shed as per const. & plot plan

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE  
 Residential Buildings Only:  
 # Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Unit \_\_\_\_\_

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

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

Exterior Walls:  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. No. windows \_\_\_\_\_  
 3. No. Doors \_\_\_\_\_ Span(s) \_\_\_\_\_  
 4. Header Sizes \_\_\_\_\_  
 5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_  
 6. Corner Posts Size \_\_\_\_\_ Size \_\_\_\_\_  
 7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ Weather Exposure \_\_\_\_\_  
 9. Siding Type \_\_\_\_\_  
 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 \_\_\_\_\_

**For Official Use Only**

Date Oct 12, 1989  
 Inside Fire Limits \_\_\_\_\_  
 Bldg Code \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost: 2,500  
 Value Structure \_\_\_\_\_  
 Fee 35.00

Subdivision: Yes / No \_\_\_\_\_  
 Name \_\_\_\_\_  
 Lot \_\_\_\_\_  
 Block \_\_\_\_\_  
 Permit Expiration: \_\_\_\_\_  
 Ownership: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

PERMIT ISSUED

Ceiling:  
 1. Ceiling Joists Size: \_\_\_\_\_ Spacing OCT 16 1989  
 2. Ceiling Strapping Size \_\_\_\_\_  
 3. Type Ceilings: \_\_\_\_\_ Size \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_ City Of Portland

Roof:  
 1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 4. Other \_\_\_\_\_

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.

Zoning:  
 District \_\_\_\_\_ Street Frontage Req. \_\_\_\_\_ Provided \_\_\_\_\_  
 Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shore and Floodplain Mgmt. \_\_\_\_\_  
 Other: (Explain) \_\_\_\_\_  
 Dr. Approved \_\_\_\_\_

Permit Received By Deborah Goode

Signature of Applicant [Signature] Date 10-12-89

Signature of CEO [Signature] Date \_\_\_\_\_

Inspection Dates \_\_\_\_\_

White-Tax Assesor Yellow-GPCOG

White Tag - CEO

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