



APPLICATION FOR PERMIT  
DEPARTMENT OF BUILDING INSPECTIONS SERVICES  
ELECTRICAL INSTALLATIONS

Date December 22, 19 87  
Receipt and Permit number 22713

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: 41 Hutchins Drive  
OWNER'S NAME: Woodward & Curran ADDRESS: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FEES                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| OUTLETS:<br>Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |
| FIXTURES: (number of)<br>Incandescent _____ Fluorescent _____ (not strip) TOTAL _____<br>Strip Fluorescent _____ ft. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |
| SERVICES:<br>Overhead _____ Underground _____ Temporary <u>X</u> TOTAL amperes <u>200</u> ..                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>3.00</u>                      |
| METERS: (number of) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |
| MOTORS: (number of)<br>Fractional _____<br>1 HP or over _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |
| RESIDENTIAL HEATING:<br>Oil or Gas (number of units) _____<br>Electric (number of rooms) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |
| COMMERCIAL OR INDUSTRIAL HEATING:<br>Oil or Gas (by a main boiler) _____<br>Oil or Gas (by separate units) _____<br>Electric Under 20 kws _____ Over 20 kws _____                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |
| APPLIANCES: (number of)<br>Ranges _____ Water Heaters _____<br>Cook Tops _____ Disposals _____<br>Wall Ovens _____ Dishwashers _____<br>Dryers _____ Compactors _____<br>Fans _____ Others (denote) _____<br>TOTAL _____                                                                                                                                                                                                                                                                                                                                                                   |                                  |
| MISCELLANEOUS: (number of)<br>Branch Panels _____<br>Transformers _____<br>Air Conditioners Central Unit _____<br>Separate Units (windows) _____<br>Signs 20 sq. ft. and under _____<br>Over 20 sq. ft. _____<br>Swimming Pools Above Ground _____<br>In Ground _____<br>Fire/Burglar Alarms Residential _____<br>Commercial _____<br>Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____<br>over 30 amps _____<br>Circus, Fairs, etc. _____<br>Alterations to wires _____<br>Repairs after fire _____<br>Emergency Lights, battery _____<br>Emergency Generators _____ |                                  |
| FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INSTALLATION FEE DUE: _____      |
| FOR REMOVAL OF A "STOP ORDER" (30-16.b) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DOUBLE FEE DUE: _____            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TOTAL AMOUNT DUE: <u>5.00min</u> |

INSPECTION:

Will be ready on X, 19 87; or Will Call \_\_\_\_\_  
CONTRACTOR'S NAME: Aladdin Electric  
ADDRESS: 631 Forest Ave. Portland  
TEL: 773-2296  
MASTER LICENSE NO.: 03295 SIGNATURE OF CONTRACTOR: Wayne Lewis  
LIMITED LICENSE NO.: \_\_\_\_\_

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

900121

Permit # 900121 City of Portland BUILDING PERMIT APPLICATION Fee \$95.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot# \_\_\_\_\_

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

Owner: Frank Woodard & Al Curran Inc. Phone # 774-2112  
 Address: 41 Hutchins Dr., Portland, ME 04102  
 LOCATION OF CONSTRUCTION 41 Hutchins Drive - 1st. Floor  
 Contractor: ? Sub: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Est. Construction Cost: \$15,000.00 Proposed Use: offices  
 Past Use: SAME  
 # 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 Interior renovations, 1st floor, as per plan.

For Official Use Only ISSUED

Date Jan. 30, 1990 Subdivision \_\_\_\_\_ Name \_\_\_\_\_  
 Inside Fire Limits \_\_\_\_\_ FEB 21 1990  
 Bldg. Code \_\_\_\_\_ Ownership: \_\_\_\_\_ Public \_\_\_\_\_  
 Time Limit \_\_\_\_\_ City of Portland Private \_\_\_\_\_  
 Estimated Cost: \$15,000.00

Zoning: T-1  
 Street Frontage Provided: \_\_\_\_\_  
 Provided Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_  
 Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subd. no. \_\_\_\_\_  
 Shoreland Zoning Yes \_\_\_\_\_ No \_\_\_\_\_ Floodplain Yes \_\_\_\_\_ No \_\_\_\_\_  
 Special Exception \_\_\_\_\_  
 Other (Explain) OK 100-11-2-21-90

## Foundations:

1. Type of Soil: \_\_\_\_\_
2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_
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 Ceiling: \_\_\_\_\_
4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
5. Ceiling Height: \_\_\_\_\_

## Roof:

1. Truss or Rafter Size \_\_\_\_\_ 10" x 12"
2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
3. Roof Covering Type \_\_\_\_\_

## Chimneys:

- Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

## Type of Heat:

- \_\_\_\_\_

## Electrical:

- Service Entrance \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

## Plumbing:

1. Approval of soil test 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 Joseph M. Rinaldi

Signature of Applicant [Signature] Date 1-30-90

Signature of CEO [Signature] Date 2-1-90

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

White-Tax Assessor

Yellow-GPCOG

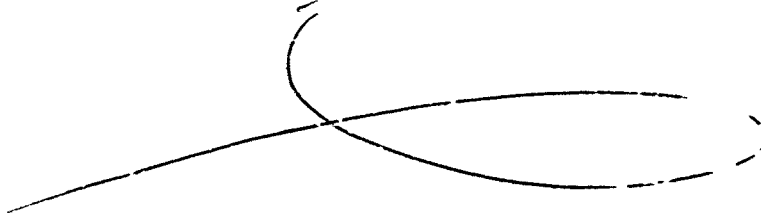
White Tag - NEO

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MRS. LOWE

PLOT PLAN

6/12 Completed OK



N



FEES (Breakdown From Front)

Base Fee \$ 95.00  
 Subdivision Fee \$  
 Site Plan Review Fee \$  
 Other Fees \$  
 (Explain)  
 Late Fee \$

Type

Inspection Record

Date

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COMMENTS

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 \_\_\_\_\_

Signature of Applicant F. Allen With, Engineer (for owner)

Date 1-31-90

**PLUMBING APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: Portland

Street Subdivision Lot #: 41 Hutchins Drive

**PROPERTY OWNERS NAME**

Last: Woodward First: Curran

Applicant Name: Cadcam Associates

Mailing Address of Owner/Applicant (if Different): 4 School Street, Gorham

Department of Human Services  
Division of Health Engineering  
(207) 279-3826

PORTLAND PERMIT # 1,268 TOWN COPY

Date: 9/13/85 \$ 1,165 FEE

Local Plumbing Inspector Signature: [Signature] L.P.I. # 0123

**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: 9-16-85

**Caution: Inspection Required**

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

NOV 21 1985

Local Plumbing Inspector Signature

Date Approved

**PERMIT INFORMATION**

**This Application Is for**

1. ☒ NEW PLUMBING

2. ☐ RELOCATED PLUMBING

SEP 16 1985

**Type Of Structure To Be Served:**

1. ☐ SINGLE FAMILY DWELLING

2. ☐ MODULAR OR MOBILE HOME

3. ☐ MULTIPLE FAMILY DWELLING

4. ☒ OTHER - SPECIFY: Office Building

**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 # 02534

| Number | Hook-Ups And Piping Relocation                                                                                              | Number | Column 2<br>Type Of Fixture            | Number | Column 1<br>Type Of Fixture  |
|--------|-----------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------|--------|------------------------------|
|        | HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. | 3      | Hosebibb / Silcock                     |        | Bathtub (and Shower)         |
|        |                                                                                                                             | 6      | Floor Drain                            | 4      | Shower (Separate)            |
|        |                                                                                                                             |        | Urinal                                 | 3      | Sink                         |
|        | HOOK-UP: to an existing subsurface wastewater disposal system.                                                              | 2      | Drinking Fountain                      | 8      | Wash Basin                   |
|        |                                                                                                                             | 1      | Indirect Waste                         | 6      | 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             |
|        |                                                                                                                             |        | Bidet                                  | 1      | Laundry Tub                  |
|        | Hook-Ups (Subtotal)                                                                                                         |        | Other: _____                           | 1      | Water Heater                 |
| \$     | Hook-Up Fee                                                                                                                 | 1,2    | Fixtures (Subtotal) Column 2           | 2,3    | Fixtures (Subtotal) Column 1 |
|        |                                                                                                                             |        |                                        | 1,2    | Fixtures (Subtotal) Column 2 |
|        |                                                                                                                             |        |                                        | 3,5    | Total Fixtures               |
|        |                                                                                                                             |        |                                        | \$     | Fixture Fee                  |
|        |                                                                                                                             |        |                                        | \$     | Hook-Up Fee                  |
|        |                                                                                                                             |        |                                        | \$ 65. | Permit Fee & Total           |

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE