



Location, Ownership and detail must be correct, complete and legible.
 Separate application required for every building.
 Plans must be filed with this application.

Application for Permit for Alterations, etc.

To the Portland, February 12, 1917 191
 INSPECTOR OF BUILDINGS:

Description of Present Bldg.

The undersigned applies for a permit to alter the following-described building:—
 Location 13 Portland St. Ward, 4 in fire-limits? No
 Name of Owner or Lessee, Lewis Lerman Address 212 Fore St.
 " " Contractor, A. E. Littlefield " 499 Washington Ave.
 " " Architect, _____ " _____
 Material of Building is wood Style of Roof, flat Material of Roofing, roofing paper
 Size of Building is 10 feet long; 9 feet wide. No. of Stories, one
 Cellar Wall is constructed of none is _____ inches wide on bottom and batters to _____ inches on top.
 Underpinning is _____ is _____ inches thick; is _____ feet in height
 Height of Building, 16 ft. Wall, if Brick; 1st, _____ 2d, _____ 3d, _____ 4th, _____ 5th, _____
 What was Building last used for? store No. of Families? none
 Building to be occupied for fruit store Estimated Cost, \$175.00

DETAIL OF PROPOSED WORK

Raise roof two feet; build ten feet on rear end; sheathed up on inside;
door cut through to connect with store next to it owned by the same man;
change position of windows in front

IF EXTENDED ON ANY SIDE

Size of Extension, No. of feet long? 10; No. of feet wide? 9; No. of feet high above sidewalk? 10 ft.
 No. of Stories high? one; Style of Roof? flat; Material of Roofing? asphalt
 Of what material will the Extension be built wood Foundation? posts
 If of Brick, what will be the thickness of External Walls? _____ inches; and Party Walls _____ inches.
 How will the extension be occupied? fruit store How connected with Main Building? door

WHEN MOVED, RAISED OR BUILT UPON

No. of Stories in height when Moved, Raised or Built upon? one Proposed Foundations? _____
 No. of feet high from level of ground to highest part of Roof to be? 10 ft.
 How many feet will the External Walls be increased in height? 2 ft. Party Walls _____

IF ANY PORTION OF THE EXTERNAL OR PARTY WALLS ARE REMOVED

Will an opening be made in the Party or External Walls? _____ in _____ Story.
 Size of the opening? _____ How protected? _____
 How will the remaining portion of the wall be supported? _____

Signature of Owner or
 Authorized Representative

Address 499 Washington Ave

A. E. Littlefield
499 Washington Ave

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

13 Portland St.

1-15

Baxter

FINAL REPORT

_____ 191____
Has the work been completed in accordance with
this application and plans filed and approved?

Law been violated? _____ Doc. No. _____ of 191____

Nature of violation? _____

_____ X _____

PERMIT GRANTED

February 12, 1917 101

Permit filled out by _____

Permit number _____

Location _____ 13 Portland St. _____

Violation removed, when? _____ 191____

Estimated cost of alterations, etc., \$ _____

Inspector of Buildings.

H.

H.



Location, Ownership and detail must be correct, complete and legible.
 Separate application required for every building.
 Plans must be filed with this application.

Application for Permit for Alterations, etc.

Portland, 7-22-13 1913

To the
 INSPECTOR OF BUILDINGS:

The undersigned applies for a permit to alter the following-described building:—

Location, 5-7-Portland, Mo. Wd. _____
 Name of owner is? GEO. P. HORNER Address, 29(Portland
 Name of mechanic is? Owner by the day " _____
 Name of architect is? _____ " _____
 Material of building is? Wood Style of roof? Ritch Material of roofing Shingles
 Size of building, feet front? _____; feet rear? _____; feet deep? _____; No. of stories? _____
 Size of L, feet long? _____; feet wide? _____; feet high? _____; No. of storeis? _____; roof? _____
 No. of feet in height from sidewalk to highest point of roof? _____ Material of foundation? _____
 Thickness of external walls? _____ Party walls? _____ Distance from line of street? _____ Width of street? _____
 What was the building last used for? Dwelling How many families? 1 Number of stores? _____
 Nature of egress? _____ Size of lot front? _____; rear? _____; deep? _____
 Building to be occupied for Stores and Dwelling after alteration. Estimated cost? _____

Descrip-
 tion of
 Present
 Bldg.

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK.

DETAIL OF PROPOSED WORK.

To rebuild after fire, and to build additional stairway on lower building.
All work to be done to the satisfaction of the Building Inspector

IF EXTENDED ON ANY SIDE.

Size of extension, No. of feet long? _____; No. of feet wide? _____; No. of feet high above sidewalk? _____
 No. of stories high? _____, style of roof? _____; material of roofing? _____
 Of what material will the extension be built? _____ Foundation? _____
 If of brick, what will be the thickness of external walls? _____ inches; and party walls _____ inches.
 How will the extension be occupied? _____ How connected with main building? _____
 Distance from lot lines:— Front? _____; side? _____; side? _____; rear? _____

WHEN MOVED, RAISED OR BUILT UPON.

Number of stories in height when moved, raised or built upon? _____ Proposed foundations? _____
 Number of feet high from level of ground to highest part of roof to be? _____
 Distance back from line of street? _____ Distances from lot lines when moved? _____
 Distance from next buildings when moved? _____; front? _____; side? _____; side? _____; rear? _____
 How many feet will the external walls be increased in height? _____ Party walls? _____

IF ANY PORTION OF THE EXTERNAL OR PARTY WALLS ARE REMOVED.

Will an opening be made in the party or external walls? _____ in _____ story.
 Size of the opening? _____ How protected? _____
 How will the remaining portion of the wall be supported? _____

Signature of owner or
 authorized representative,

G. P. Horner

Address, _____



5-7 Portland St
1-15

FINAL REPORT.

.....191
Has the work been completed in accordance with
this application and plans filed and approved?

Law been violated? Doc. No. of 191...

Nature of violation?

PERMIT GRANTED.

..... 1918.
Permit filed out by *J. [Signature]*
Permit number
Location *5-7 Portland*

Violation removed when? 191

Estimated cost of alterations, etc., \$

[Signature]
Inspector of Buildings.

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: PORTLAND
Street Subdivision Lot #: 7 PORTLAND ST.

PROPERTY OWNERS NAME

Last: PALMER First: BILL

Applicant Name: ETHEL H. MILES

Mailing Address of Owner/Applicant (if Different): 1 CANAL PLAZA

PORTLAND PERMIT # 710 TOWN COPY
 \$ _____ FEE
 L.P.I. # _____
 Local Plumbing Inspector Signature: [Signature]

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.
C. H. Miles 11-17-84
 Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Local Plumbing Rules.
[Signature] OCT 22 1984
 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 type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	1. <input 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: <u>D 221</u>	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>192413</u>

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type Of Fixture	Number	Column 1 Type Of Fixture
1	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Silcock		Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Unnal	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		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____	1	Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
				2	Total Fixtures
\$					Fixture Fee
\$					Hook-Up Fee
\$				6	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date October 19, 1984
 Receipt and Permit number 06021

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: 15 Portland Street

OWNER'S NAME: Bill Palmer ADDRESS: same

3000
 FEES
 3.00
 3.00

OUTLETS:
 Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL 8

FIXTURES: (number of)
 Incandescent _____ Fluorescent _____ (not strip) TOTAL _____
 Strip Fluorescent _____ ft. _____

SERVICES:
 Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____

METERS: (number of) 150

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	<u>1</u>	Water Heaters	<u>1</u>
Cook Tops	<u>2</u>	Disposals	_____
Wall Ovens	_____	Dishwashers	_____
Dryers	_____	Compactors	_____
Fans	_____	Others (d.note)	_____
TOTAL	<u>4</u>		<u>6.00</u>

MISCELLANEOUS: (number of)

Branch Panels	<u>1</u>		<u>1.00</u>
Transformers	_____		_____
Air Conditioners	Central Unit _____		_____
	Separate Units (wind ows) _____		_____
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: 10.50

INSPECTION:
 Will be ready on 10/19, 1984; or Will Call _____
 CONTRACTOR'S NAME: Ferrast Electric Co.
 ADDRESS: 121 Holm Avenue
 TEL.: _____
 MASTER LICENSE NO.: 04604 SIGNATURE OF CONTRACTOR: [Signature]
 LIMITED LICENSE NO.: _____

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

930241

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee 495.00 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Mercy Hospital Phone # 879-3309
 Address: 144 State St. Ptel, Me
 LOCATION OF CONSTRUCTION 5 Portland Street
 Contractor: F.P. & C.H. Murray, Inc. Sub: _____
 Address: P.O. Box 2530 Attn: D. Robinson Ptel, Me Phone # 799-8136
 Est. Construction Cost: 95,000 Proposed Use: Free Clinic
 Past Use: vacant
 # 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 as per plans

For Official Use Only
 Date 3/31/93 Subdivision APR - 7 1993
 Inside Fire Limits _____ Name _____
 Bldg Code _____ Lot _____
 Time Limit _____ Owners' type _____ Public _____ Private _____
 Estimated Cost 95,000

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: WDA 24-5-93 (Explain) _____

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

Ceiling:
 1. Ceiling Joists Size: _____ Not in District nor Landmark.
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review.
 3. Type Ceilings: _____
 4. Insulation Type _____ Size _____ Requires Review.
 5. Ceiling Height: _____ *****

Floors:
 1. Sills Size: cross-ref! Sills must be anchored.
 2. Girder Size: _____
 3. Lolly Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: Public Street Resource Center

Roof:
 1. Truss or Rafter Size _____ Span _____ Action: _____ Approved.
 2. Sheathing Type _____ Size _____ Approved with Collector.
 3. Roof Covering Type _____
 Chimneys:
 Type: _____ Number of Fire Places _____
 Heating:
 Type of Heat: _____

Exterior Walls:
 1. Studding Size _____ Spacing 252 Oxford St
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) (same bldg)
 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 _____

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

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

Signature of Applicant: D. Marquis Date 3-31-93
 Signature of CEO: _____ Date _____
 Inspection Dates _____

PERMIT ISSUED
WHITE-TAX ASSESSOR



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 5 Portland Street

Issued to Mercy Hospital

Date of Issue 6/22/93

This is to certify that the building, premises or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 93/0241 has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

first floor - left

medical clinic

Limiting Conditions:

This certificate supersedes
certificate issued

Appn. No.

6-22-93

(Date)

Inspector

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

030241

Permit # _____ 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.

ma11

Owner: Mercy Hospital Phone # 379-3309
 Address: 144 State St.
 LOCATION OF CONSTRUCTION 5 Portland Street
 Contractor: F.P. & C.H. Murray, Inc. Sub: _____
 Address: P.O. Box 2530 Attn: D. Robinson Phone # 799-8136
So. Portland, Me.
 Est. Construction Cost: 95,000 Proposed Use: Free Clinic
 Past Use: VACANT
 # 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 as per plans

For Official Use Only

Date: 3/31/93 Subdivisor: _____
 Inside Fire Limits _____ Name: APR - 7 1993
 Bldg Code _____ Lot: _____
 Time Limit _____ Ownership: _____
 Estimated Cost: 95,000 _____

Zoning: 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 _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other: ADA 24-5 - HISTORIC PRESERVATION (Explain)

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

Floor:
 1. Sills Size: _____ Sill's 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 2x2 Spacing 9
 2. No. of Studs _____
 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: _____
 Action: _____ Approved _____
 Not in District nor Landmark _____
 Does not require review _____
 Requires Review _____

Roof:
 1. Truss or Rafter Size _____ Span 00.28
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____
 Signature: _____

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: D. Marquis

PERMIT ISSUED
 Signature of Applicant: _____ Date: 3-31-93
WITH LETTER
 Signature of Inspector: _____ Date: _____

Inspection Date: _____



CITY OF PORTLAND

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT
INSPECTION SERVICES DIVISION

April 7, 1993

RE: 5 Portland Street

F. P. & C. F. Murray, Inc.
P.O. Box 2530
South Portland, ME 04106
Attn: D. Robinson

Dear Sir:

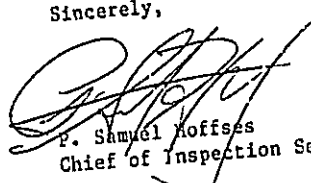
Your application to make interior renovations has been reviewed and a permit is herewith issued subject to the following requirements:

No certificate of occupancy can be issued until all requirements of this letter are met.

1. All exit sign lights and means of egress lighting shall be done in accordance with Article 8 sections and subsections 822.0 and 823 of the City's building code.
2. Stairs shall comply with Article 8 sections and subsections 817.0 of the City's Building Code 817.0.
3. Sprinkler work shall be approved by the State Fire Marshall's office.
4. Laboratories that use chemicals shall comply with N.F.P.A. 45.
5. A fire alarm system in accordance with Section 7-6 Life Safety Code, shall be provided. Section 26-3.4.1
6. Portable fire extinguishers shall be provided in accordance with N.F.P.A. 10 Section 26-3.5
7. A fire alarm acceptance shall be provided to the Portland Fire Prevention Bureau.

If you have any questions regarding these requirements, please do not hesitate to contact this office.

Sincerely,


P. Samuel Hoffses
Chief of Inspection Services

/el

cc: LT. Gaylen McDougall, Fire Prevention Bureau

MURRAY GENERAL CONTRACTORS

F.P. & C.H. Murray, Inc.
 P.O. Box 2530
 SOUTH PORTLAND, MAINE 04106

Phone (207) 799-8136
 Fax # (207) 799-1056

TO

City of Portland

LETTER OF TRANSMITTAL

DATE	<i>2/11/03</i>	JOB NO	<i>6236</i>
ATTENTION			
RE	<i>Public Street Clinic</i>		

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings
- Prints
- Plans
- Samples
- Specifications
- Copy of letter
- Change order
- _____

COPIES	DATE	NO	DESCRIPTION
<i>1</i>			<i>Drawing: All label sheets and A7-1 dated 2/11/03</i>

THESE ARE TRANSMITTED as checked below:

- For approval
- For your use
- As requested
- For review and comment
- FOR BIDS DUE _____ 19_____
- Approved as submitted
- Approved as noted
- Returned for corrections
- Resubmit _____ copies for approval
- Submit _____ copies for distribution
- Return _____ corrected prints

REMARKS _____

COPY TO *E. Perotti - Trans. Div.*

SIGNED: *[Signature]*

If enclosures are not as noted, kindly notify us at once.



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 3/30/93 1993
 Receipt and Permit number 1182

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: 5 Portland St.
 OWNER'S NAME: Mercy hosp ADDRESS: _____

	FEES
OUTLETS:	
Receptacles <u>30</u> Switches <u>10</u> Plugmold _____ ft. TOTAL <u>41</u>	<u>8.00</u>
FIXTURES: (number of)	
Incandescent _____ Fluorescent <u>30</u> (not strip) TOTAL <u>30</u>	<u>6.00</u>
Strip Fluorescent _____ ft.	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>200</u> ..	<u>15.00</u>
METERS: (number of) <u>1</u>	<u>1.00</u>
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 _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ Others (denote) _____	
TOTAL _____	
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 _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	INSTALLATION FEE DUE: _____
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	DOUBLE FEE DUE. _____
	TOTAL AMOUNT DUE: <u>30.00</u>

INSPECTION: serv
 Will be ready on now, 1993; or Will Call rest
CONTRACTOR'S NAME: Eastern Elect
ADDRESS: 20 Bedford - Ptd
TEL: 772-6752
MASTER LICENSE NO.: MC 60011182 **SIGNATURE OF CONTRACTOR:** *[Signature]*
LIMITED LICENSE NO.: _____

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

