

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

Location of Construction: 70 Gray St		Owner: Winslow Furber	Phone:	Permit No: 951202
Owner Address:		Leasee/Buyer's Name:	Phone:	Business Name:
Contractor Name: Scott Lindsay & Assoc.	Address: 764 Cumberland Ave Portland, ME		Phone: P.O. Box 362 Portland, ME 04112	PERMIT ISSUED NOV 16 1995 CITY OF PORTLAND
Past Use: 2-fam	Proposed Use: Same	COST OF WORK: \$ 20,000.00 PERMIT FEE: \$ 120.00		
Proposed Project Description: Make Interior Renovations		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____		INSPECTION: Use Group: _____ Signature: _____
Permit Taken By: Mary Gresik		Date Applied For: 13 November 1995		Zoning Approval: _____ Zoning: _____ CBI: 044-1-011 Special Zone or Reviews: <input type="checkbox"/> Shoreland A 2-family <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>

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

PERMIT ISSUED WITH LETTER

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 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.

SIGNATURE OF APPLICANT: Scott Lindsay ADDRESS: _____ DATE: 13 November 1995 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: *Supervisor* PHONE: 207-772-4433

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: *11/13/95*

CEO DISTRICT **3**
A. Simpson

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

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 specification

Date 11/13/95
 Permit # 8963

LOCATION: 70 Gray St

OWNER: Winslow Fisher ADDRESS _____

				TOTAL EACH FEE		
OUTLETS	30	Receptacles	10	smoke detectors		2.00
FIXTURES		(number of)		Switches		10.00
	10	Incandescent	3	fluorescent		
		fluorescent strip			13	2.60
SERVICES					20	
		Overhead		TTL AMPS TO	800	15.00
		Underground			800	15.00
TEMPORARY SERV.						
		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				5.00
APPLIANCES		Ranges	Cook Tops	Wall Ovens		2.00
		Water heaters	Fans	Dryers		2.00
Disposals		Dishwasher	Compactors	Others (denote)		2.00
MISC. (number of)		Air Cond/win				3.00
		Air Cond/cant				10.00
		Signs				5.00
		Pools				10.00
		Alarms/res				5.00
		Alarms/com				15.00
		Heavy Duty				2.00
		Outlets				
		Circus/Carnv				75.00
		Alterations				5.00
		Fire Repairs				15.00
		E Lights				1.00
		E Generators				20.00
		Panels				4.00
TRANSFER		0-25 Kva				5.00
		25-200 Kva				8.00
		Over 200 Kva				10.00
				TOTAL AMOUNT DUE		
				MINIMUM FEE 25.00		
				25.00		

INSPECTION: Will be ready _____ or will call Y

CONTRACTORS NAME O-D Elect

ADDRESS 103 Ashcamp Rd- Scarborough

TELEPHONE 883-1553

MASTER LICENSE No. Brian O'Donnell #08963

SIGNATURE OF CONTRACTOR

LIMITED LICENSE No. _____

[Handwritten Signature]

