

1 Bowdoin St.



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date March 26, 19 82  
 Receipt and Permit number A88365

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: 1 Bowdoin St.  
 OWNER'S NAME: M.M. Knowles ADDRESS: lives there

FEE\$

OUTLETS:  
 Receptacles \_\_\_\_\_ Switches \_\_\_\_\_ Plugmold \_\_\_\_\_ ft. TOTAL \_\_\_\_\_

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

SERVICES:  
 Overhead \_\_\_\_\_ Underground \_\_\_\_\_ Temporary \_\_\_\_\_ TOTAL amperes \_\_\_\_\_

METERS: (number of) \_\_\_\_\_

MOTORS: (number of)  
 Fractional \_\_\_\_\_  
 1 HP or over \_\_\_\_\_

RESIDENTIAL HEATING:  
 Oil or Gas (number of units) x \_\_\_\_\_ **3.00**  
 Electric (number of rooms) \_\_\_\_\_

COMMERCIAL OR INDUSTRIAL HEATING:  
 Oil or Gas (by a ma'n 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 \_\_\_\_\_

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: **3.00**

INSPECTION:

Will be ready on \_\_\_\_\_, 19 \_\_\_\_; or Will Call xx

CONTRACTOR'S NAME: Yarmouth Fuel

ADDRESS: Main St. Yarmouth

TEL.: \_\_\_\_\_

MASTER LICENSE NO.: on file SIGNATURE OF CONTRACTOR: \_\_\_\_\_

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

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

ELECTRICAL INSTALLATIONS —

Permit Number 88365  
Location 1 Bowdoin St.  
Owner Mr. Knowles  
Date of Permit 3-26-82  
Final Inspection 4-16-82  
By Inspector Libby  
Permit Application Register Page No. 113

INSPECTIONS:	Service	by
	Serv'ce called in	
	Closing-in	

PROGRESS INSPECTIONS:

/	/	/
/	/	/
/	/	/
/	/	/
/	/	/

CODE COMPLIANCE COMPLETED  
DATE 4-16-82

REMARKS:  
OK

1 Lewdoin Street

BRAWN HALL

SHAW-WALKER  
#8503-38

1 Bowdoin Street or 15 Neal Street

July 3, 1967

Miss Marie A. Knowles  
1 Bowdoin Street  
Portland, Maine

Miss Knowles:

Photos  yes  no

Date 6-19-67

Proj. No.  C.I. \_\_\_\_\_ Ass'rs \_\_\_\_\_ Zone  Zone Viol \_\_\_\_\_

Stories 2  REM  ASDD  SAR  NSA  NA  MS  ST P Com. Units \_\_\_\_\_ Rmg Units \_\_\_\_\_ Dvl. Units \_\_\_\_\_

LOCATION	<u>1 - Bowdoin or</u>	COMP.
OWNER AGENT	<u>Miss 15 Neal St</u>	PEND.
OWNER AGENT	<u>Marie M Knowles</u>	
OWNER AGENT		
OWNER AGENT		

Occupants	Information				Occupancy				Facilities				Violations	
	LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D	LGRG	HEAT	BATH	FLSH	K. SK		H.W.
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														

### STRUCTURE SCHEDULE

STRUCTURE RATING

<p><b>YARD</b></p> <p><input type="checkbox"/> GARBAGE &amp; RUBBISH</p> <p><input type="checkbox"/> CONTAINERS COMPLY</p> <p><input type="checkbox"/> CRACKING</p> <p><input type="checkbox"/> ZONE VIOL.</p> <p><b>STRUCTURE EXTERIOR</b></p> <p><input type="checkbox"/> STEPS, STAIRS, PORCHES</p> <p><input type="checkbox"/> FOUNDATION</p> <p><input type="checkbox"/> WALLS</p> <p><input type="checkbox"/> WINDOWS, DOORS</p> <p><input type="checkbox"/> ROOF, DRAINS</p> <p><input checked="" type="checkbox"/> OUT BUILDINGS <u>Garage Attached</u></p> <p><b>INFESTATION</b></p> <p><input type="checkbox"/> RATS <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4</p> <p><input type="checkbox"/> OTHER (SPECIFY) _____</p> <p><b>EGRESS</b></p> <p><input type="checkbox"/> DUAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> OBST'N</p> <p>Remarks _____</p>	<p><b>STRUCTURE INTERIOR</b></p> <p><input type="checkbox"/> HALL, OBST'N</p> <p><input type="checkbox"/> HALL, LIGHTING</p> <p><input type="checkbox"/> HALL, FLOOR WALLS CEILING</p> <p><input type="checkbox"/> STAIRWAYS</p> <p><input type="checkbox"/> WINDOWS, AIRSHAFT</p> <p><input type="checkbox"/> ELECT. WIRING</p> <p><b>HEATING CENTRAL</b> YES: <input checked="" type="checkbox"/> NO: <input type="checkbox"/></p> <p><input type="checkbox"/> STACKS FLUES, VENTS</p> <p><input type="checkbox"/> CHIMNEY</p> <p><input type="checkbox"/> EQUIPMENT, REPAIR</p> <p><b>PLUMBING</b></p> <p><input type="checkbox"/> SUPPLY LINE</p> <p><input type="checkbox"/> WASTE LINE</p> <p><b>BASEMENT</b></p> <p><input type="checkbox"/> GEN'L SANIT'N</p> <p><input type="checkbox"/> DAMPNSS R1</p> <p><input type="checkbox"/> STAIRS</p> <p><input type="checkbox"/> LIGHTING</p> <p><b>BASE DWL. UNIT</b></p> <p><input type="checkbox"/> M.N 7' x 3'</p> <p><input type="checkbox"/> DAMPNSS R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3</p> <p><input type="checkbox"/> WINDOW 1/12 x 8'</p> <p><input type="checkbox"/> DUAL EGRESS <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>PROHIBITED COMB'N USE</b></p> <p><input type="checkbox"/> ASSOC. USE HAZARD</p> <p><input type="checkbox"/> HAZARDOUS VENTS</p>
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Portland Health Dept.

CS-9

Inspector 970

Photos  yes  no  
 Proj. No.  

Date 6-29-67

CROWDING	LOCATION <u>1 - Bowdoin or - 15 Neal St</u>	COMP.
SANIT.	D.U. LOC. <u>K. Fire Structure</u>	END.
INFEST.	OCCPNT <u>Marie M. Knowles</u>	
BASE D.U.	OWNER	
DET'N	AGENT	
	ADDRESS	VTS

**DWELLING UNIT SCHEDULE**

Occupants	Information	Occupancy	Facilities					Violations
			KITCHEN	BATH	TOILET	DINING	OTHER	
	LOC. RENT FURN. WK. 1. RMS	PER. ALL'D LGRS HEAT	BATH	FLSH	K.SK	H.W.	CK'G	
1 Marie M. Knowles		6 3	CO	PP	Y	Y	LE	
2.								
3.								
4.								

Remarks	KITCHEN	BATH	TOILET	DINING	BED	BED	BED	BED	OTHER	TOTAL	KITCHEN SINK & WATER	
	<p>side walk Neal St all dirt            Needs a sidewalk</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> SINK
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> SUPPLY & WASTE	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> PLB'S. GEN'L	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> HEATING	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> STACES. FLUES, VENTS	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> HT'S VENTED, REP'R	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> BATHING FACILITIES	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> SHARED MAX. 4DU	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> RMC U. 1 PER 15	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> MIN. 7" STGG HT.	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> VENT'LN	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> PROPER ACCESS	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> PLB'G	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> SANIT'M	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> TOILET FACILITIES	
										<input type="checkbox"/> SHARED MAX. 2 DU		
										<input type="checkbox"/> RMC U FLSH & LAV 1 PER 10		
										<input type="checkbox"/> VENT'LN		
										<input type="checkbox"/> PROPER ACCESS		
										<input type="checkbox"/> PLB'G		
										<input type="checkbox"/> SANIT'M		
										<input type="checkbox"/> INFESTATION		
										<input type="checkbox"/> RATS <input type="checkbox"/> R: <input type="checkbox"/> O: <input type="checkbox"/> C		
										<input type="checkbox"/> OTHER (SPECIFY):		
										<input type="checkbox"/> EGRESS		
										<input type="checkbox"/> DUAL <input type="checkbox"/> YES. <input type="checkbox"/> NO		
										<input type="checkbox"/> OBST'N		

Portland  
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CS-7

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