

40-42 BOWDOIN STREET

SHANWALKER

Full cut # 926R, Half cut # 920R, Third cut # 920R, Film cut # 920R



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, March 12, 1946

PERMIT ISSUED 00328 MAR 13 1946

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 40 Bowdoin Street Use of Building Dwelling No. Stories New Building Existing Name and address of owner of appliance Dr. John J. Lappin, 40 Bowdoin St. Installer's name and address Randall & McAllister, 84 Commercial St. Telephone 3-2941

General Description of Work

To install oil burning equipment in connection with existing steam heat

IF HEATER, OR POWER BOILER

Location of appliance or source of heat Type of floor beneath appliance If wood, how protected? Kind of fuel Minimum distance to wood or combustible material, from top of appliance or casing top of furnace From top of smoke pipe From front of appliance From sides or back of appliance Size of chimney flue Other connections to same flue If gas fired, how vented? Rated maximum demand per hour

IF OIL BURNER

Name and type of burner Tinkan Labelled by underwriters' laboratories? yes Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? bottom Type of floor beneath burner concrete Location of oil storage basement Number and capacity of tanks 2-275 gal. If two 275-gallon tanks, will three-way valve be provided? yes Will all tanks be more than five feet from any flame? no How many tanks fire proofed?

IF COOKING APPLIANCE

Location of appliance Kind of fuel Type of floor beneath appliance If wood, how protected? Minimum distance to wood or combustible material from top of appliance From front of appliance From sides and back From top of smokepipe Size of chimney flue Other connections to same flue Is hood to be provided? If so, how vented? If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? 1.00 (\$1.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED:

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

Randall & McAllister

INSPECTION COPY

Signature of Installer

By: Arthur Riley

**CITY OF PORTLAND, MAINE**  
**Application for Permit to Install Wires**

*2809* *14*

Permit No. \_\_\_\_\_  
 Issued \_\_\_\_\_  
 Portland, Maine *5-14*, 19*75*

To the City Electrician, Portland, Maine:

The undersigned hereby applies for a permit to install wires for the purpose of conducting electric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland, and the following specifications:

*(This form must be completely filled out — Minimum Fee, \$1.00)*

Owner's Name and Address *John J. ...* Tel. \_\_\_\_\_  
 Contractor's Name and Address *Warley Elect.* Tel. \_\_\_\_\_  
 Location *40 Boudoin St.* Use of Building *Residence*  
 Number of Families \_\_\_\_\_ Apartments \_\_\_\_\_ Stores \_\_\_\_\_ Number of Stories \_\_\_\_\_  
 Description of Wiring: New Work \_\_\_\_\_ Additions \_\_\_\_\_ Alterations \_\_\_\_\_  
 Pipe \_\_\_\_\_ Cable  Metal Molding \_\_\_\_\_ BX Cable \_\_\_\_\_ Plug Molding (No. of feet) \_\_\_\_\_  
 No. Light Outlets \_\_\_\_\_ Plugs \_\_\_\_\_ Light Circuits \_\_\_\_\_ Plug Circuits \_\_\_\_\_  
 FIXTURES: No. \_\_\_\_\_ Fluor. or Strip Lighting (No. feet) \_\_\_\_\_  
 SERVICE: Pipe \_\_\_\_\_ Cable  Underground \_\_\_\_\_ No. of Wires \_\_\_\_\_ Size \_\_\_\_\_  
 METERS: Relocated \_\_\_\_\_ Added \_\_\_\_\_ Total No. Meters \_\_\_\_\_  
 MOTORS: Number \_\_\_\_\_ Phase \_\_\_\_\_ H. P. \_\_\_\_\_ Amps \_\_\_\_\_ Volts \_\_\_\_\_ Starter \_\_\_\_\_  
 HEATING UNITS: Domestic (Oil) \_\_\_\_\_ No. Motors \_\_\_\_\_ Phase \_\_\_\_\_ H.P. \_\_\_\_\_  
 Commercial (Oil) \_\_\_\_\_ No. Motors \_\_\_\_\_ Phase \_\_\_\_\_ H.P. \_\_\_\_\_  
 Electric Heat (No. of Rooms) \_\_\_\_\_  
 APPLIANCES: No. Ranges \_\_\_\_\_ Watts \_\_\_\_\_ Brand Feeds (Size and No.) \_\_\_\_\_  
 Elec. Heaters \_\_\_\_\_ Watts \_\_\_\_\_  
 Miscellaneous \_\_\_\_\_ Watts \_\_\_\_\_ Extra Cabinets or Panels \_\_\_\_\_  
 Transformers \_\_\_\_\_ Air Conditioners (No. Units) \_\_\_\_\_ Signs (No. Units) \_\_\_\_\_  
 Will commence \_\_\_\_\_ 19 \_\_\_\_\_ Ready to cover in \_\_\_\_\_ 19 \_\_\_\_\_ Inspection \_\_\_\_\_ 19 \_\_\_\_\_  
 Amount of Fee \$ *2.00*

Signed *H. O. ...*

DO NOT WRITE BELOW THIS LINE

SERVICE  METER \_\_\_\_\_ GROUND \_\_\_\_\_  
 VISITS: *5-14-75* 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_  
 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 \_\_\_\_\_

REMARKS: *Service called in*

INSPECTED BY *Herbert* (OVER)

**City of Portland, Maine - Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8715

Location of Construction: 40 Bowdoin Street		Owner: Jeremy Moser	Phone: 874-2915	Permit No. <b>960692</b>
Owner Address: 194 Danforth St, Portland 04102		Leasee/Buyer's Name:	Business Name:	
Contractor Name: Taggart Construction		Address: Freeport, ME		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  JUL 18 1996  <b>CITY OF PORTLAND</b> </div>
Past Use: Single family dwelling		Proposed Use: Same w/interior renc <i>Some ext. shou</i>	COST OF WORK: \$ 60,000.00 PERMIT FEE: \$ 320.00 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: <i>A-2</i> Type: <i>51</i> Signature: <i>[Signature]</i>	
Proposed Project Description: Interior renovations as per plans		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		Zone: <i>R-4</i> CBL: <i>70-D-7</i> Zoning Approval: <i>to remain Family - Any change use requires a permit. ds 7/6/96</i> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan major <input type="checkbox"/> minor <input type="checkbox"/> misc. <input type="checkbox"/>
Permit Taken By: Vicki Dover		Date Applied For: July 8, 1996		Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input checked="" type="checkbox"/> Requires Review

- 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.

Dump permit 30 cu yd 30-2995/#00138

Mail to owner when ready

**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: *[Signature]* Jeremy Moser  
 ADDRESS: 194 Danforth St., Portland 04102  
 DATE: 8/4-2915  
 PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

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

**PERMIT ISSUED WITH REQUIREMENTS**

Action: *Interim*  
 Approved  
 Approved with Conditions  
 Denied

Date: *7/16/96*

*[Signature]*

CEO DISTRICT #3  
*A. Powers*

PERMIT # 001524 CITY OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# B

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

Owner: Paul Stevens  
 Address: 40 Bowdin Street, Portland,  
 LOCATION OF CONSTRUCTION 40 Bowdin Street  
 CONTRACTOR: C.A. Moncell SUBCONTRACTORS: 774-2125  
 ADDRESS: 23 Glenwood Avenue, Portland 04103  
 Est. Construction Cost: \$20,000 Type of Use: single family  
 Past Use: \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories: \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_  
 \_\_\_\_\_ Conversion - Explain Remodeling kitchen and ~~XXXXXX~~ enclosing porch as per plans.  
**COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE** Adding doorways.  
 Residential Buildings Only: \_\_\_\_\_  
 # Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

Foundation:  
 1. Type of Soil: \_\_\_\_\_  
 2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 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 \_\_\_\_\_

**For Official Use Only**

Date <u>December 20, 1988</u>	Subdivision: Yes / No _____
Inside Fire Limits _____	Name _____
Bldg Code _____	Lot _____
Time Limit _____	Block _____
Estimated Cost <u>\$20,000</u>	Permit Expiration: _____
Use/Structure _____	Ownership: _____ Public _____ Private _____
Fee <u>\$120.00</u>	

Ceiling:  
 1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_ **PERMIT ISSUED**  
 3. Type Ceilings: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size EC 21 1988  
 5. Ceiling Height: \_\_\_\_\_

Roof:  
 1. Truss or Rafter Size \_\_\_\_\_ **City of Portland**  
 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 \_\_\_\_\_ 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. \_\_\_\_\_ Special Exception \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_  
 Date Approved \_\_\_\_\_

Permit Received By Nancy Grossman

Signature of Applicant C.A. Moncell Date 12/20/88

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

Inspection Dates (S) ML

40 Bowdoin Street

BRAWHALL



July 19, 1967

Dr. John J. Lappin  
40 Bowdoin Street  
Portland, Maine

Dear Dr. Lappin:


Your property has been surveyed by the Portland Housing Division, and certain deficiencies to the minimum Code standards were noted. A list of these deficiencies is attached, and we suggest that you make the necessary corrections.

The Bramhall Hill Program staff is ready to help you improve your property. If you want advice on repairs, cost estimates, contractors, plans, or financing, please call 773-1773 for an appointment.

There are many free services available through the site office, and we urge you to use them. Good maintenance is the best way to preserve the useful life of your property and neighborhood.

Thank you for your cooperation in making Bramhall Hill a more beautiful residential area.

Sincerely,

  
Gordon E. Martin  
Housing Supervisor

GLS:ac

Enclosure

40 Bowdoin Street

Area: Bramhall

Inspection Date: July 13, 1967

Dwelling Unit: 1

Owner: Dr. John J. Lappin  
40 Bowdoin Street  
Portland, Maine

DEFECTS NEEDING CORRECTION

STRUCTURAL

Repair and put in good order all dilapidated and hazardous parts of the structure as follows:

- a. Replace the missing shingles on the front wall of the structure.
- b. Repair or replace the loose and missing plaster on the ceiling in the rear bedroom (left) on the second floor.



Photos  yes  no  
 Proj. No.  C.I.  Ass'rs \_\_\_\_\_ Zone \_\_\_\_\_ Zone Viol \_\_\_\_\_  
 Stories        Com. Units \_\_\_\_\_ Rmg Units \_\_\_\_\_ Dwl. Units 1

Date 7/13/67

LOCATION <u>44 Bowdoin</u>	CDMP <input type="checkbox"/>
OWNER AGENT <u>Dr. John J. Gappin</u>	PEND <input type="checkbox"/>
OWNER AGENT <u>Barth</u>	YES <input type="checkbox"/>
OWNER AGENT _____	YES <input type="checkbox"/>

Occupants	Information			Occupancy			Facilities					Violations				
	LOC.	RENT	FURN.	NO. I.	RMS	PER.	ALL'D	LGRS	HEAT	BAT.	FLSH	K.	S.K.	H.W.	C.N.'S	Violations
<u>Dr. John J. Gappin</u> <u>37</u>				<u>5</u>	<u>11</u>	<u>3</u>	<u>16</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	
2.																
3.																
4.																
5.																
6.																
7.																
8.																

**STRUCTURE SCHEDULE**

STRUCTURE RATING \_\_\_\_\_

- YARD**
- GARBAGE & RUBBISH OK
  - CONTAINERS COMPLY
  - DRAINAGE
  - ZONE VIOL.
- STRUCTURE EXTERIOR**
- STEPS, STAIRS, PORCHES
  - FOUNDATION
  - WALLS Few shingles missing front side
  - WINDOWS, DOORS
  - ROOF, DRAINS
  - OUT BUILDINGS
- INFESTATION**
- RATS  RI  OI  E OK
  - OTHER (SPECIFY)
- EGRESS**
- QUAL  YES  NO OK
  - OBST'N

- STRUCTURE INTERIOR**
- HALL, OBST'N
  - HALL, LIGHTING OK
  - HALL, FLOOR WALLS CEILING
  - STAIRWAYS
  - WINDOWS, AIRSHAFT
  - ELECT. WIRING
  - HEATING CENTRAL YES  NO
  - STACKS FLUES, VENTS OK
  - CHIMNEY
  - EQUIPMENT, REPAIR
- PLUMBING**
- SUPPLY LINE OK
  - WASTE LINE OK
- BASEMENT**
- GEN'L SANIT'N OK
  - DAMPNSS R1  O
  - STAIRS
  - LIGHTING
- BASE DWL. UNIT**
- MIN 7' x 3'
  - DAMPNSS R1  O None
  - WINDOW 1/12 x 6'
  - QUAL EGRESS  YES  NO
- PROHIBITED COK'R'N USE**
- ASSOC. USE HAZARD
  - HAZARDOUS VENTS

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Inspector Robert Prater

Portland Health Dept.

Photos  yes  no  
 Proj. No.       

*Wramhall Project*

Date 7/13/67

**DWELLING UNIT SCHEDULE**

CROWDING	LOCATION <u>40 Bowdoin</u>	CC #.
SANIT.	D.U. LOC. <u>Small</u>	PEND.
INFEST.	OCCUPY <u>Dr. John J. Lappin</u>	
BASC D.U.	DRIVER <u>Same</u>	
DET'RN	ADDRESS <u>Same</u>	VTS

Occupants	Information	Occupancy	Facilities							Violations						
			LOC.	RENT	FURN.	WK. I.	RMS	PER.	ALL'D		LGRS	HEAT	BATH	FLSH	K.SK	H.W.
1. <u>Dr. John J. Lappin (3)</u>	<u>Small</u>						<u>113</u>	<u>116</u>		<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	<u>OK</u>	
2.																
3.																
4.																

	KITCHEN	BATH	TOILET	DINING	LI. BEH.	SR. V. BED	FL. BED	FR. M. BED	M. BED	RI. O'HER	RR. TOTAL
OVERCROWDIN 65 - 7'	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
50 SLEEP'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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VEN. ILLATION 7/12 x 17"	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LIGHTING	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DET'RN BALLS	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CEILING	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WINDOWS	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DOORS	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
FLOORS	<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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

<input type="checkbox"/> KITCHEN SINK & WATER	
<input type="checkbox"/> SINK	
<input type="checkbox"/> SUPPLY & WASTE	<u>OK</u>
<input type="checkbox"/> PLBG. GEN'L	
<b>HEATING</b>	
<input type="checkbox"/> STACKS, FLUES, VENTS	
<input type="checkbox"/> HT'RS VENTED, REP'R	<u>OK</u>
<b>BATHING FACILITIES</b>	
<input type="checkbox"/> SHARED MAX. 40U	
<input type="checkbox"/> RMG U. 1 PER 15	
<input type="checkbox"/> MIN. 7' STOR HT.	<u>OK</u>
<input type="checkbox"/> VENT'LN	
<input type="checkbox"/> PROPER ACCESS	
<input type="checkbox"/> PLB'G	
<input type="checkbox"/> SANIT'N	
<b>TOILET FACILITIES</b>	
<input type="checkbox"/> SHARED MAX. 2 DU	
<input type="checkbox"/> RMG U. FLSH & LAV 1 PER 10	
<input type="checkbox"/> VENT'LN	<u>OK</u>
<input type="checkbox"/> PROPER ACCESS	
<input type="checkbox"/> PLB'G	
<input type="checkbox"/> SANIT'N	
<b>INFESTATION</b>	
<input type="checkbox"/> RATS <input type="checkbox"/> R' <input type="checkbox"/> O: <input type="checkbox"/>	
<input type="checkbox"/> OTHER (SPECIFY)	<u>OK</u>
<b>EGRESS</b>	
<input type="checkbox"/> DUAL <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> OBST'N	

Remarks: 2 rooms + bath 3rd floor storage.  
1. Plaster missing near bathroom

Portland Health Dept.  
CS-7

Inspector Robert P. ...



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

Date Feb. 17, 19 89  
 Receipt and Permit number 010259

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: 40 Bowdoin St.

OWNER'S NAME: X Paul Stevens ADDRESS: same

<b>OUTLETS:</b>		<b>FEE</b>
Receptacles <u>9</u> Switches <u>5</u> Plugmold _____ ft. TOTAL <u>X 14</u> .....		3.00
<b>FIXTURES: (number of)</b>		
Incandescent <u>15</u> Fluorescent _____ (not strip) TOTAL <u>15</u> .....		3.50
Strip Fluorescent _____ ft. ....		(Nil)
<b>SERVICES:</b>		
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____		
<b>METERS: (number of)</b> .....		
<b>MOTORS: (number of)</b>		
Fractional .....		
1 HP or over .....		
<b>RESIDENTIAL HEATING:</b>		
Oil or Gas (number of units) .....		
Electric (number of rooms) .....		
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>		
Oil or Gas (by a main boiler) .....		
Oil or Gas (by separate units) .....		
Electric Under 20 kws _____ Over 20 kws _____		
<b>APPLIANCES: (number of)</b>		
Ranges _____ Water Heaters _____		
Cook Tops _____ Disposals _____		
Wall Ovens _____ Dishwashers _____		
Dryers _____ Compactors _____		
Fans _____ Others (denote) _____		
<b>TOTAL</b> .....		
<b>MISCELLANEOUS: (number of)</b>		
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 .....		
	<b>INSTALLATION FEE DUE:</b>	
<b>FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT .....</b>	<b>DOUBLE FEE DUE:</b>	
<b>FOR REMOVAL OF A "STOP ORDER" (304-16.b) .....</b>		
	<b>TOTAL AMOUNT DUE:</b>	<u>6.50</u>

**INSPECTION:**

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

CONTRACTOR'S NAME: Clayton E. Skillings Jr

ADDRESS: 77 Grand St., S. Portland, Me

TEL.: 799-5807

MASTER LICENSE NO.: 02501

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

SIGNATURE OF CONTRACTOR:

*Clayton E. Skillings Jr*

INSPECTOR'S COPY - WHITE

