



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date July 10, 1987
 Receipt and Permit number D 11132

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: Peaks Island 34-M-9 ~~WABNOX~~ Island Avenue
 OWNER'S NAME: hn Anderson ADDRESS: SE FEES

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

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

Strip Fluorescent _____ ft _____

SERVICES: Overhead Underground _____ Temporary _____ TOTAL amperes 100 .. 3.00

METERS: (number of) 1 .. .50

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 _____ Compact. _____

Laundry _____ Others (denote) _____

TOTAL _____

MISCELLANEOUS: (number of) Branch Panels _____

Transformers _____

Air Conditioners Central Unit _____

Separate Units (windows) _____

Signs 10 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: 5.00 min

INSPECTION: Will be ready on 10, 1987; or Will Call _____
 CONTRACTOR'S NAME: Walter Hayes
 ADDRESS: RR1 Box 302 Gorham 04038
 TEL: 727-3939
 MASTER LICENSE NO.: 8208 SIGNATURE OF CONTRACTOR: Joe Hayes
 LIMITED LICENSE NO.: _____



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date January 23, 1987, 19
 Receipt and Permit number D-09956

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: Island Avenue, Peaks Island, Maine 84-11-9
 OWNER'S NAME: John A. Anderson III ADDRESS: Same

OUTLETS:	Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL _____	5.00
FIXTURES: (number of)	Incandescent <input checked="" type="checkbox"/> _____	Flourescent _____	(not 4-1/2) TOTAL _____	3.00	
	Strip Flourescent _____	ft. _____			
SERVICES:	Overhead _____	Underground _____	Temporary _____	TOTAL amperes _____	
METERS: (number of)	_____				
MOTOR: (number of)	Fractional <u>5</u> _____	1 HP or over _____		1.50	
RESIDENTIAL HEATING:	Oil or Gas (number of units) _____	Electric (number of rooms) <u>2</u> _____	electric Baseboard _____	2.00	
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 <u>1</u> _____	Compartors _____	
	Fans _____	Others (denot): _____	TOTAL _____	1.50	
MISCELLANECUS: (number of)	Branch Panels _____	Transformers _____	Air Conditioners Central Unit _____	Separate Unit* (windows) _____	
	Signs 20 sq. ft. and under _____	Over 20 sq. ft. _____	Swimming Pool: Above Ground _____	In Ground _____	
	Fire/Burglar Alarms Residential _____	Commercial _____	Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	over 30 amps _____	
	Circ's, Fairs, etc. _____	Alterations to wires _____	Repairs after fire _____	Emergency Lights, battery _____	
	Emergency Generators _____				

INSULATION FEE DUE: _____
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ... DOUBLE FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (104-10.b) ... _____
TOTAL AMOUNT DUE: 13.00

INSPECTION:
 Will be ready on _____, 19____ or Will Call
CONTRACTOR'S NAME: Robert J. Anderson III
ADDRESS: Island Ave., Peaks Island
TEL: _____
MASTER LICENSE NO.: _____ **SIGNATURE OF CONTRACTOR:** [Signature]
LIMITED LICENSE NO.: _____

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: PORTLAND

Street: ISLAND AVE., PEAKS ISLAND

PROPERTY OWNERS NAME

Last: ANDERSON First: JOHN A III

Applicant Name:

Mailing Address of Owner/Applicant (if Different):

PORTLAND Date Permit Issued: 9/5/86 PERMIT # 1,931 TOWN COPY \$ 30.00 Double Fee Charged

L.R.I. # 127

[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.

[Signature] 9/5/86
Signature of Owner/Applicant Date

Caution: Inspection Required

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

AA APR 7 - 1987
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>This Application is for:</p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p>Type Of Structure To Be Served:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p>Plumbing To Be Installed By:</p> <p>1. <input type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input checked="" type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # _____</p>
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Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / Sillcock		Bathtub (and Shower)
			Floor Drain	1	Shower (Separate)
			Urinal		Sink
	HOOK-UP: to an existing subsurface wastewater disposal system.		Drinking Fountain	2	Wash Basin
			Indirect Waste	2	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc	1	Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dis. Washer
			Dental Cuspidor		Garbage Disposal
			Bidet	1	Laundry Tub
1	Hook-Ups (Subtotal)		Other: _____	1	Water Heater
\$ 6	Hook-Up Fee		Fixtures (Subtotal) Column 2	8	Fixtures (Subtotal) Column 1
					Fixtures (Subtotal) Column 2
				8	Total Fixtures
				\$ 24	
				\$ 6	
				\$ 30	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY