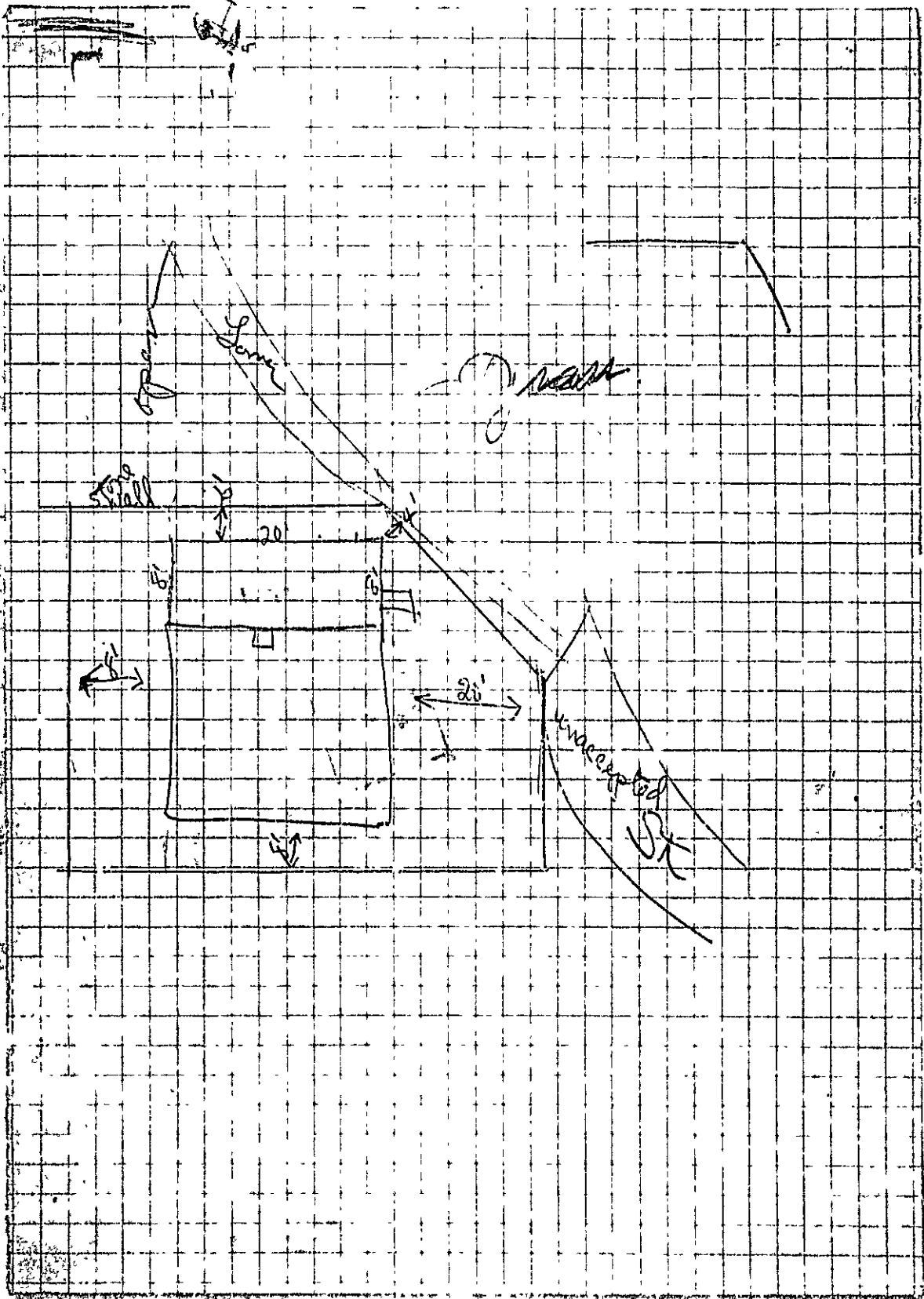


TORRINGTON AVE., PEAKS ISLAND

84-N-14





(A) APARTMENT HOUSE ZONE

PERMIT ISSUED

Permit No. 1206

APPLICATION FOR PERMIT

JUL 27 1927

Class of Building or Type of Structure Third Class

Portland, Maine, July 27, 1927

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to erect alter ~~insert~~ the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location Torrington Pt. Peaks Island Ward 1 Within Fire Limits? So Dist. No. _____
Owner's or Lessee's name and address B.S. Loyo, Torrington Pt. Peaks Island Telephone 2337
Contractor's name and address Ranyon, Peaks Island Telephone _____
Architect's name and address _____
Proposed use of building Family cottage No. families 2
Other buildings on same lot no

Description of Present Building to be Altered

Material Wood No. stories 2 Heat _____ Style of roof Pitch Roofing _____
Last use Cottage No. families _____

General Description of New Work

To glass in side piazza, 11 windows and door,

NO INSPECTION BEFORE LATHING OR CLOSING IN IS WAIVED
CERTIFICATE OF OCCUPANCY REQUIREMENT IS

Details of New Work

Size, front _____ depth _____ No. stories _____ Height average grade to highest point of roof _____
To be erected on solid or filled land? _____ earth or rock? _____
Material of foundation _____ Thickness, top _____ bottom _____
Material of underpinning _____ Height _____ Thickness _____
Kind of roof _____ Roof covering _____
No. of chimneys _____ Material of chimneys _____ of lining _____
Kind of heat _____ Type of fuel _____ Distance, heater to chimney _____
If oil burner, name and model _____
Capacity and location of oil tanks _____
Is gas fitting involved? _____ Size of service _____
Corner posts _____ Sills _____ Girt or ledger board? _____ Size _____
Material columns, under girders _____ Size _____ Max. on centers _____
Studs (outside walls and carrying partitions) 2x4-16" O.C. Girders 6x8 or larger. Bridging in every floor and flat roof span over 8 feet. Sills and corner posts all one piece in cross section.
Joists and rafters: 1st floor _____, 2nd _____, 3rd _____, roof _____
On centers: 1st floor _____, 2nd _____, 3rd _____, roof _____
Maximum span: 1st floor _____, 2nd _____, 3rd _____, roof _____
If one story building with masonry walls, thickness of walls? _____ height? _____

If a Garage

No. cars now accommodated on same lot _____ to be accommodated _____
Total number commercial cars to be accommodated _____
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? _____

Miscellaneous

Will above work require removal or disturbing of any shade tree on a public street? no
Plans filed as part of this application? Yes No. sheets _____
Estimated cost \$ 75 Fee \$ 50
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

Signature of owner _____

INSPECTION COPY

4157

Ward 1 Permit No. 27/206 H

Location: Birmingham R. Peaks

Job: B.S. Gage

Date of permit July 27/27

Notif. closing-in

Inspn. closing-in

Notif.

Final Inspn.

Cert. of Occupan. issued

NOTES

~~Work was done on the line between the two poles. The work was done on the line between the two poles. The work was done on the line between the two poles.~~

Division of Inspectors
Division of Inspectors
Division of Inspectors

Division of Inspectors
Division of Inspectors
Division of Inspectors

B

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 1120
ZONING LOCATION PORTLAND, MAINE 10-2-85

OCT 3 1985

City of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE
The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION 84-N-14 T. Trington Ave., Peaks Island Portland 04112 #1 #2

- 1. Owner's name and address R. Scott Campbell - P. O. Box 739, DTS Telephone 774-6655
- 2. Lessee's name and address Telephone
- 3. Contractor's name and address Carter Telephone

Proposed use of building 1-fam. No. of sheets
Last use same No. families
Material No. stories Heat Style of roof Roofing

Other buildings on same lot
Estimated contractual cost \$ 6,000.00

FIELD INSPECTOR—Mr	Appeal Fees \$
@ 775-5451	Base Fee
To make interior renovations, as per plan.	Late Fee
	TOTAL \$ 50.00

Stamp of Special Conditions

ISSUE PERMIT TO #1

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? ^{yes} Is any electrical work involved in this work? ^{yes}

Is connection to be made to public sewer? If not, what is proposed for sewage?

Has septic tank notice been sent? Form notice sent? ..

Height average grade to top of plate Height average grade to highest point of roof

Size, front depth No. stories solid or filled land? earth or rock?

Material of foundation Thickness, top bottom cellar

Kind of roof Rise per foot Roof covering

No. of chimneys Material of chimneys of lining Kind of heat fuel

Framing Lumber--Kind Dressed or full size? Corner posts Sills

Size Girder Columns under girders Size Max. on centers

Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.

Joists and rafters: 1st floor 2nd 3rd roof

On centers: 1st floor 2nd 3rd roof

Maximum span: 1st floor 2nd 3rd roof

If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated

Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE MISCELLANEOUS

BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street? ^{no}

ZONING:

BUILDING CODE: 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}

Fire Dept.:

Health Dept.:

Others:

Signature of Applicant R. Scott Campbell Phone #
Type Name of above R. Scott Campbell 1 2 3 4

Other
and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

84-N-14 TORRINGTON AVE., PEAKS ISL.

1



APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP 001120

OCT 8 1965

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION PORTLAND, MAINE 10-2-B5 City Of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any submitted herewith and the following specifications

LOCATION 34-N-14 Torrington Ave., Peaks Island, Portland, Maine, Fire District #1, #2
1. Owner's name and address R. Scott Campbell, P.O. Box 7309, DTS, Telephone 774-6615
2. Lessee's name and address Telephone
3. Contractor's name and address owner Telephone

Proposed use of building 1-fam No. of sheets No. families
Last use same No. families
Material No stones Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$ 6,000.00 Appeal Fees \$

FIELD INSPECTOR—Mr. @ 775-5451
Bare Fee
Late Fee
TOTAL \$ 50.00

To make interior renovations, as per plan.

Stamp of Special Conditions

ISSUE PERMIT TO #1

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanical.

DETAILS OF NEW WORK

Is any plumbing involved in this work? yes Is any electrical work involved in this work? yes
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? For notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled bond? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber—Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Studs (outside walls and carrying partitions) 2x4-16' G. C. Budding in every floor and flat roof span over 8 feet.
Joists and rafters: 1st floor 2nd 3rd roof
On centers: 1st floor 2nd 3rd roof
Maximum span: 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE MISCELLANEOUS
BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street? NO.
ZONING:
BUILDING CODE: Will there be in charge of the above work a person competent
Fire Dept.: to see that the State and City requirements pertaining thereto
Health Dept.: are observed? yes...
Others:

Signature of Applicant R. Scott Campbell Phone #
Type Name of above R. Scott Campbell 1 2 3 4
Other and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY

Handwritten signature: MR. Adicato

NOTES

11-19-85 - Frame OK.
OK to close in. aa
2-25-86 - All work
complete B.Y. C.A.

Permit No. 85/1120

Location 84 N 14th Street
Garage

Owner C. H. T. Leary

Date of permit 10-2-85

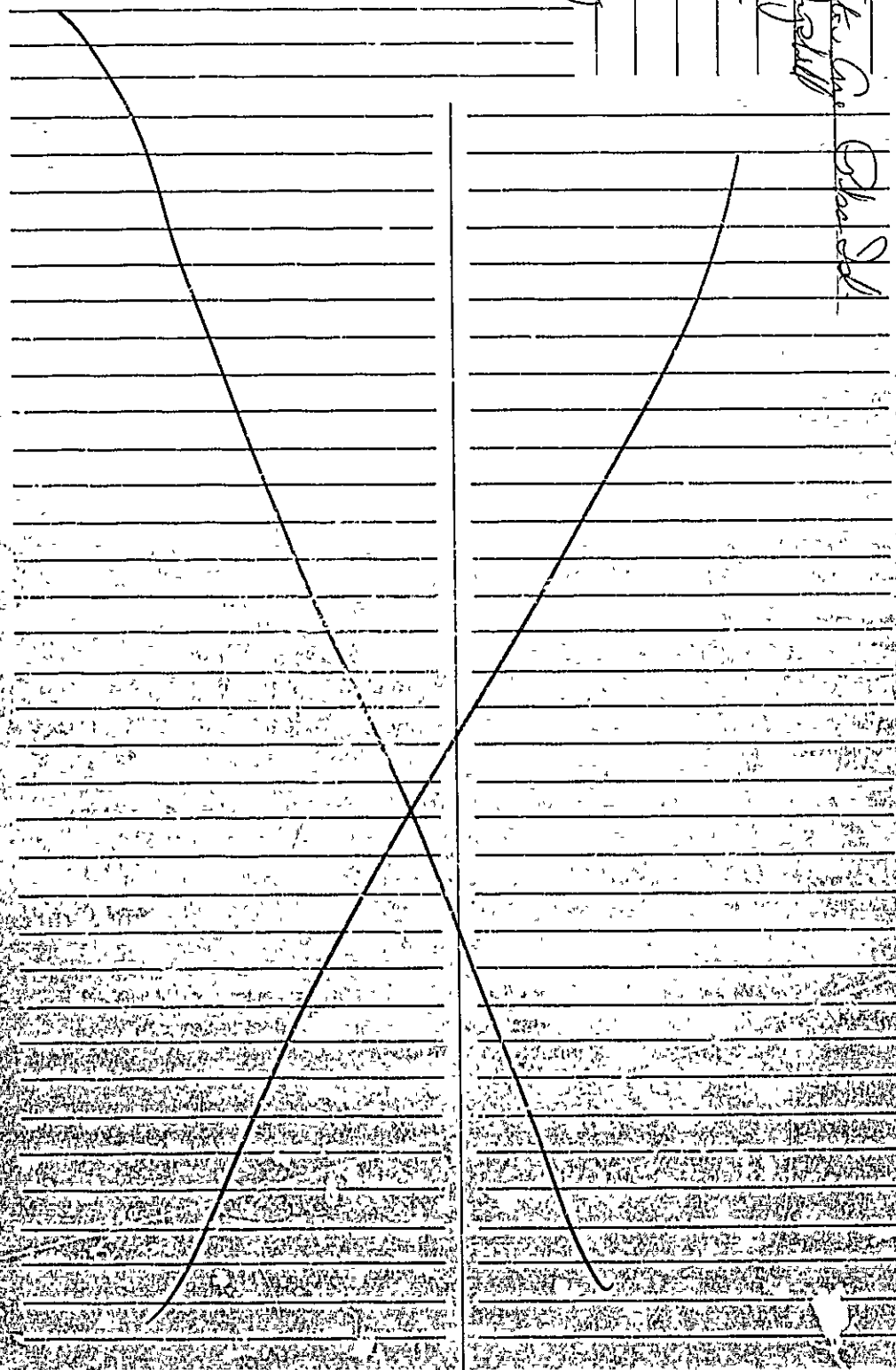
Approved 10-3-85

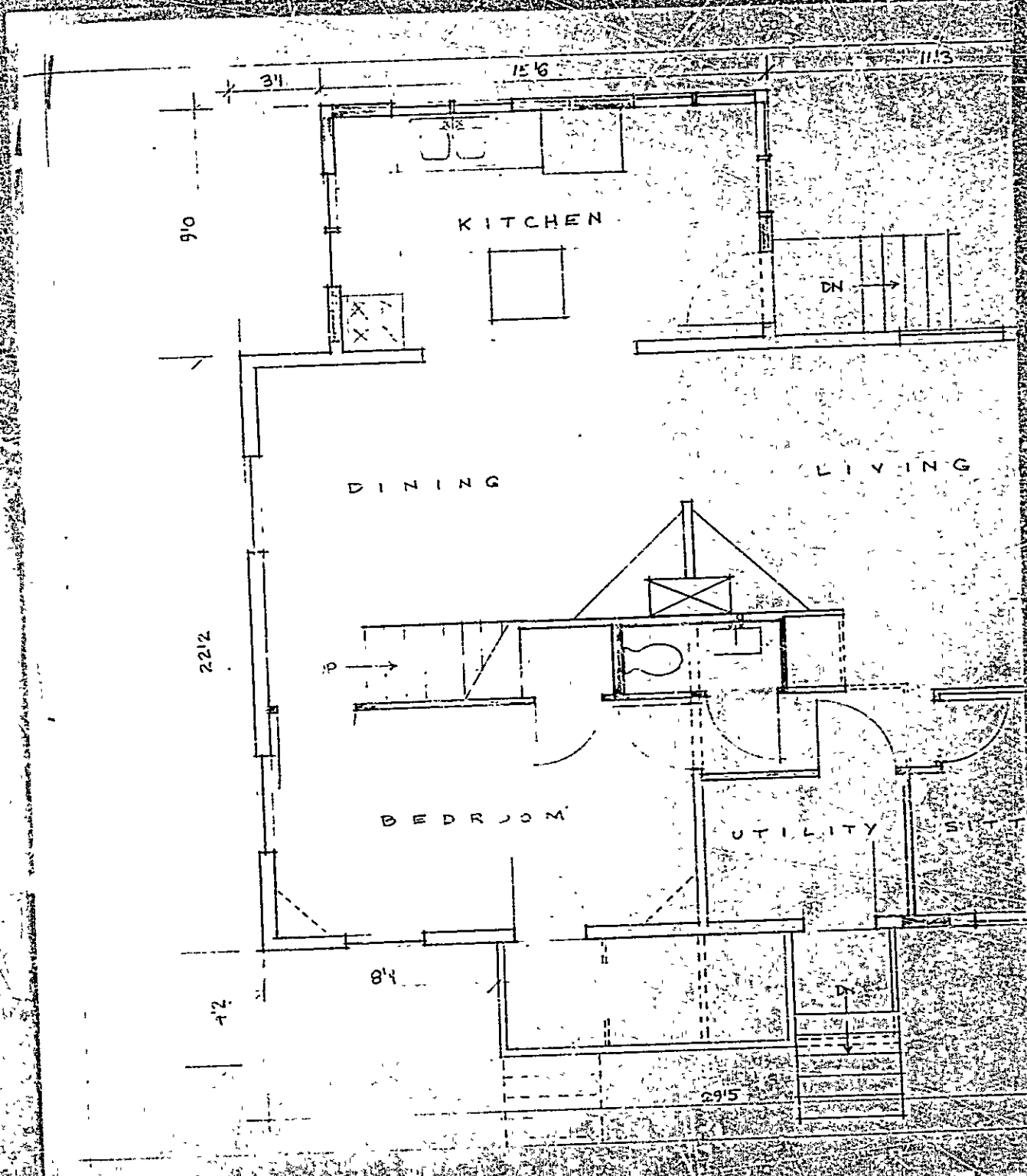
Dwelling

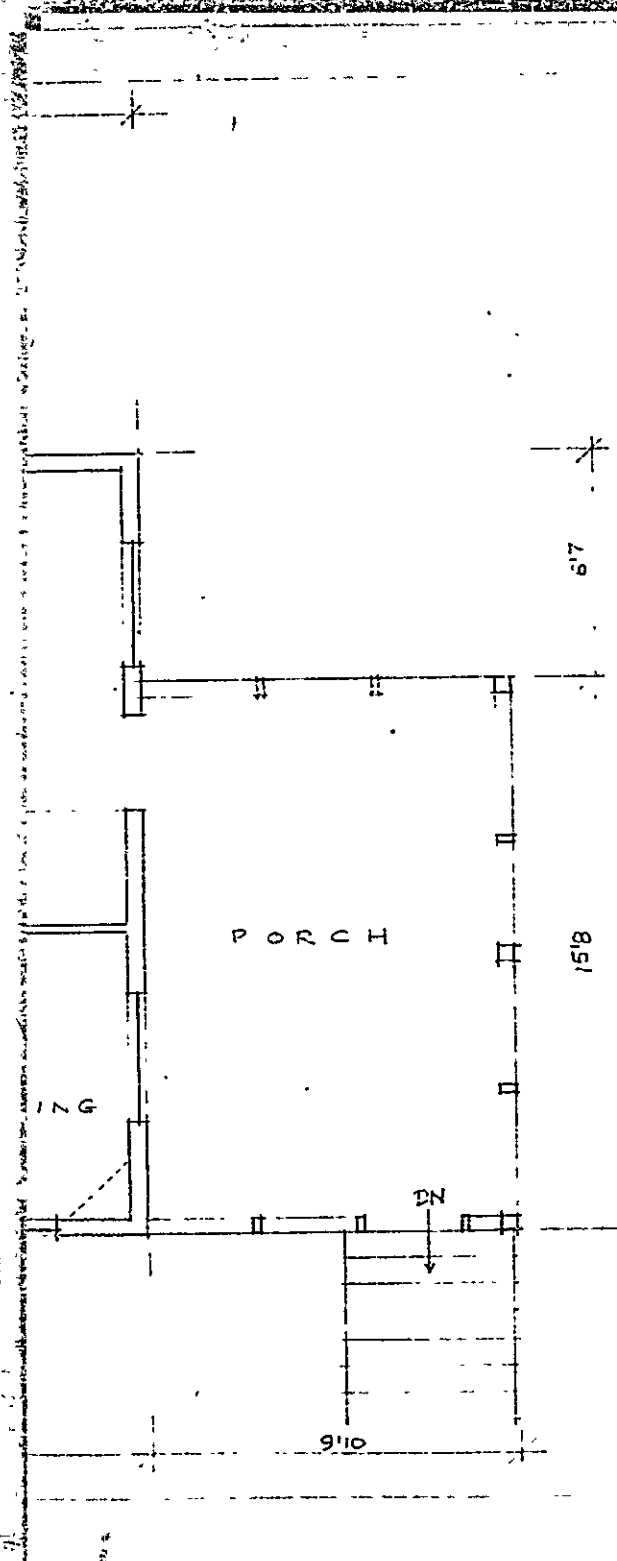
Garage

Alteration To dwelling

Checked
C. H. T. Leary







NOTES

1. DIMENSION ARE APPROXIMATE
2. REMOVED WALLS: =====
NEW WALLS: =====
3. CEILING HEIGHT: 8'0
4. WALL & CEILING FINISH:
1/2" GWB THROUGHOUT
5. INSULATION: AS ALLOWED
BY EXISTING FRAMING —
3 1/2" IN WALLS (R13 FIBERGLASS)
9" IN CEILING (R28 FIBERGLASS)
6" IN FLOOR (R19 FIBERGLASS)
WITH AIR/VAPOR BARRIER

RECEIVED

OCT - 2 1985

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND



84-N-14

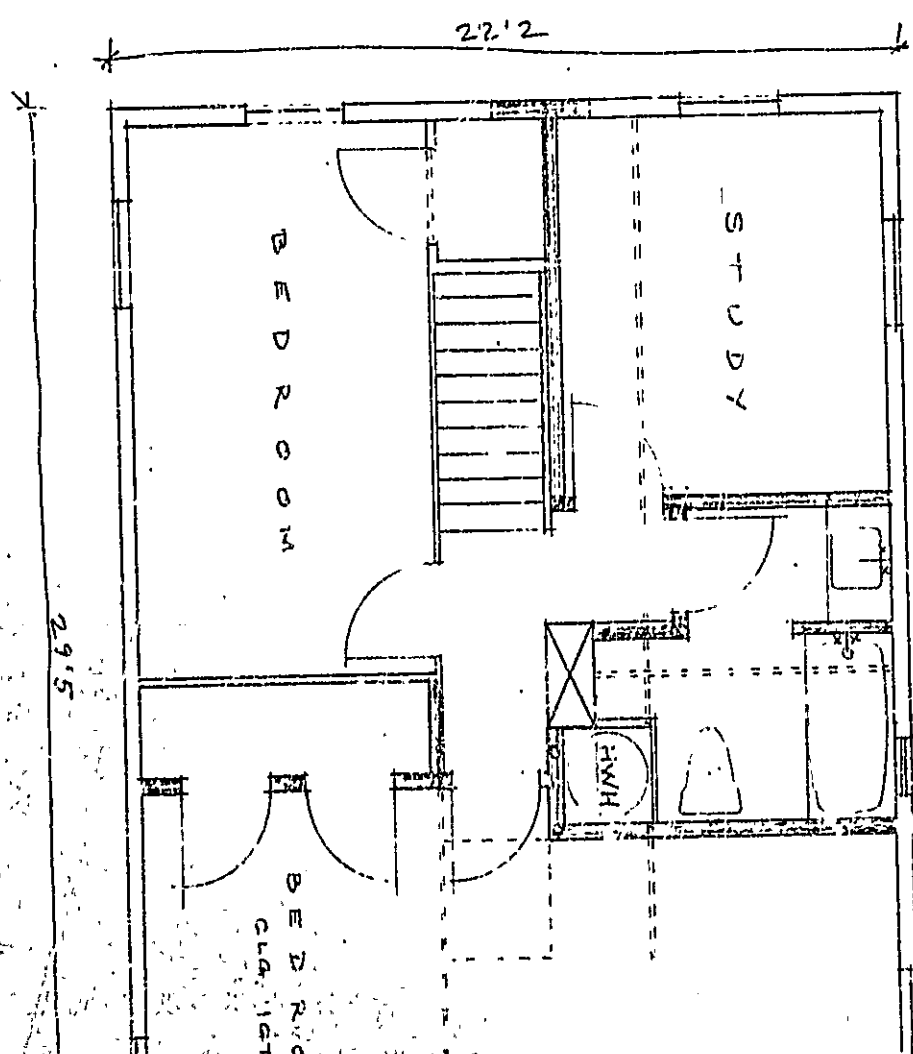
TORRINGTON AVE HOUSE
PEAKS ISLAND, MAINE

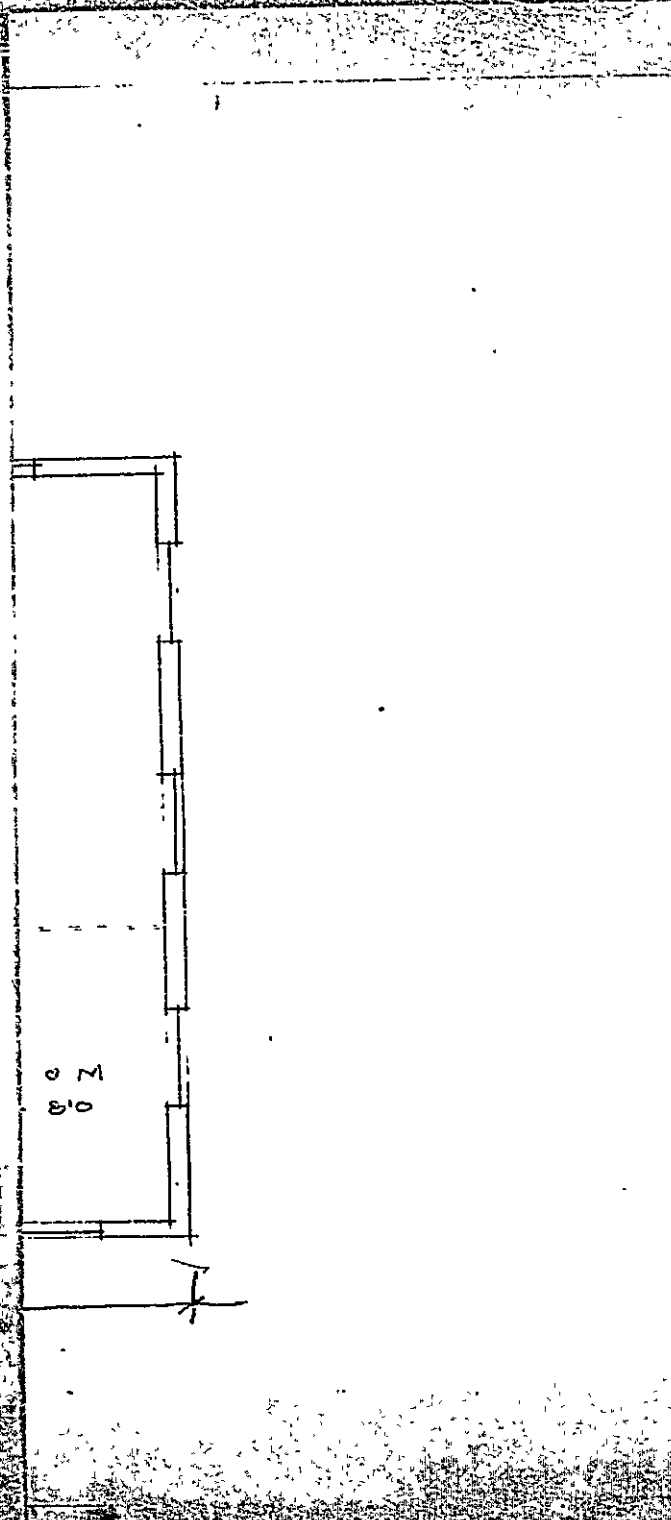
CAMPBELL BUILDING & DESIGN
PORTLAND, MAINE

9/10/85 3/25

1/4" = 1'0 PROPOSED 1ST
FLOOR PLAN

1





NOTES

1. DIMENSIONS ARE APPROXIMATE.
2. REMOVED WALLS: - - - - -
NEW WALLS: = = = = =
3. CEILING HEIGHT: 7'6"
= CEPT AS SHOWN.
4. WALL & CEILING FINISH:
1/2" GWB THROUGHOUT.

RECEIVED

OCT - 2 198-

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

84-N-14

TORRINGTON AVE HOUSE
PEAKS ISLAND, MAINE

CAMPBELL BUILDING & DESIGN
PORTLAND, MAINE
9/16/85 - 9/25

1/11-110

PROPOSED 2ND
FLOOR PLAN

2

Replacement System Variance Request

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an Application for the proposed replacement system which is in noncompliance with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements with LPI approval limitations can be met.

1. The replacement system is correcting a malfunction or an unlicensed wastewater discharge system.
2. A replacement system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system does not conflict with Seasonal Construction Permit (30 MRSA § 3223) or with Mandatory Shoreland Zoning (12 MRSA § 4311).
6. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Town of PORTLAND PEAKS ISLAND

Town Code

Fee No. 7279 E

Date Permit Issued 9/5/85
month/day/yr.

Property Owner's Name: SCOTT CAMPBELL Tel. No. 766-5079

System's Location: TORRINGTON AVENUE
Street:

PEAKS ISLAND MAINE 04108
Town Zip

Property Owner's Address:
(if different from above) PO Box 7309 DTS
Street

PORTLAND MAINE 04112
Town State Zip

Specific instructions to the:

LPI: If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before Issuing a Permit. (See reverse side for Comments Section and your signature)

Site Evaluator: If after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

Property Owner: It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The Owner shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

R. Scott Campbell
Property Owner's Signature

29 August 1985
Date

Variance Category	Variance Requested	Limit of LPI Approval Authority		Variance Requested to:	
Soils Soil Profile Soil Condition from HHE-200	Ground Water Table	to 6"		Inches	
	Restrictive Layer	to 8"		Inches	
	Bedrock	to 10"		Inches	
Setback Distances (in feet)	From:	Treatment Tank	Disposal Area	Treatment Tank	Disposal Area
Potable Water Supplies	1. Well: > 2000 gal/day	100a	360'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	100b	100b		
	b. Property Owner's	50'	60'		
	3. Water Supply Line	See Note 'a'			
Waterbodies	1. Perennial	60'	60'		
	2. Intermittent	25'	25'		
	3. Manmade drainage ditch	15'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With basement	See Note	15'		
	2. Without basement	'a'	10'		10'
Property Line		5'	5'		5'

Other Specify:

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. A variance to reduce the 100 foot setback distance to a minimum of 80 feet may be granted only with the neighbor's written permission.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

William B. Goodwin
Site Evaluator's Signature

8/21/85
Date

LPI Statement

Ernest W. Goodwin, LPI for the Town of Waltham, have conducted an on-site inspection for the proposed replacement system and have determined, to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

- a. (approve, do not approve) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.
- or:
- b. find that one or more of the requested variances exceeds my approval authority as LPI. I (recommend, do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

Ernest W. Goodwin
LPI's Signature

9/1/85
Date

FOR USE BY THE DEPARTMENT ONLY:
The Department has reviewed the variance(s) and (does, does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

Signature of the Department

Date

SUBSURFACE WASTE WATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **TORRINGTON AVE**

Subdivision Lot #: **TAX MAP 84 BLOCK N LOT 14**

PROPERTY OWNERS NAME

CAMPBELL SCOTT

Last: First:

Applicant Name: **SCOTT CAMPBELL**

Mailing Address of Owner/Applicant (if different): **PO BOX 7309 DTS PORTLAND MAINE 04112**

PORTLAND PERMIT # 1,249 TOWN COPY

9/5/85

Local Plumbing Inspector's Signature: *[Signature]*

Local Plumbing Inspector's Name: *[Signature]*

Local Plumbing Inspector's Title: *[Signature]*

Local Plumbing Inspector's Date: **8/21/87**

Local Plumbing Inspector's Signature: *[Signature]*

Local Plumbing Inspector's Name: *[Signature]*

Local Plumbing Inspector's Title: *[Signature]*

Local Plumbing Inspector's Date: **8/21/87**

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.

R. Scott Campbell 27 Aug 1985

Signature of Owner/Applicant Date

Inspection Required

I checked the installation described above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector's Signature: *[Signature]*

Local Plumbing Inspector's Name: *[Signature]*

Local Plumbing Inspector's Title: *[Signature]*

Local Plumbing Inspector's Date: **8/21/87**

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. NEW SYSTEM

2. REPLACEMENT SYSTEM

3. EXPANDED SYSTEM

4. SEASONAL CONVERSION

5. EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. NO RULE VARIANCE REQUIRED

2. NEW SYSTEM VARIANCE Attach New System Variance Form

3. REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form

4. Requires only Local Plumbing Inspector Approval

5. Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

1. NON-ENGINEERED SYSTEM

2. PRIMITIVE SYSTEM (Includes Alternative Toilet)

3. ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. TREATMENT TANK (ONLY)

5. HOLDING TANK

6. ALTERNATIVE TOILET (ONLY)

7. NON-ENGINEERED DISPOSAL AREA (ONLY)

8. ENGINEERED DISPOSAL AREA (ONLY)

9. SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

1. BED 2. TRENCH

3. CHAMBER 4. OTHER CESPOOL

DISPOSAL SYSTEM TO SERVE:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER _____ SPECIFY _____

SIZE OF PROPERTY _____ **ZONING** IR 2

TYPE OF WATER SUPPLY PUBLIC WATER

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. SEPTIC: Regular Low Profile

2. AEROBIC

SIZE: 1000 GALS

WATER CONSERVATION

1. NONE

2. LOW VOLUME TOILET

3. SEPARATED LAUNDRY SYSTEM

4. ALTERNATIVE TOILET SPECIFY: COMPOSTING

PUMPING

1. NOT REQUIRED

2. MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)

3. REQUIRED

DOSE: _____ GALS

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

3 BEDROOM MODERATE NO LAUNDRY COMPOSTING TOILET

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 4 CONDITION: AIII

DEPTH TO LIMITING FACTOR: 24

SIZE RATINGS USED FOR DESIGN PURPOSES

1. SMALL

2. MEDIUM

3. MEDIUM LARGE

4. LARGE

5. EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. BED _____ Sq Ft

2. CHAMBER 256 Sq Ft

REGULAR 11-20

3. TRENCH _____ Linear Ft.

4. OTHER: _____

DESIGN FLOW: 180 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

SITE EVALUATION WAIVED BY LOCAL OPTION

On JULY 27 1985 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

[Signature] 003/4815 8/21/85

Site Evaluator's Professional Engineer's Signature DEPT/PE# Date

Local Plumbing Inspector's Signature & Local Site Evaluator (if under a Local Option)

Page 1 of 3
HME-200 Rev. 4/83

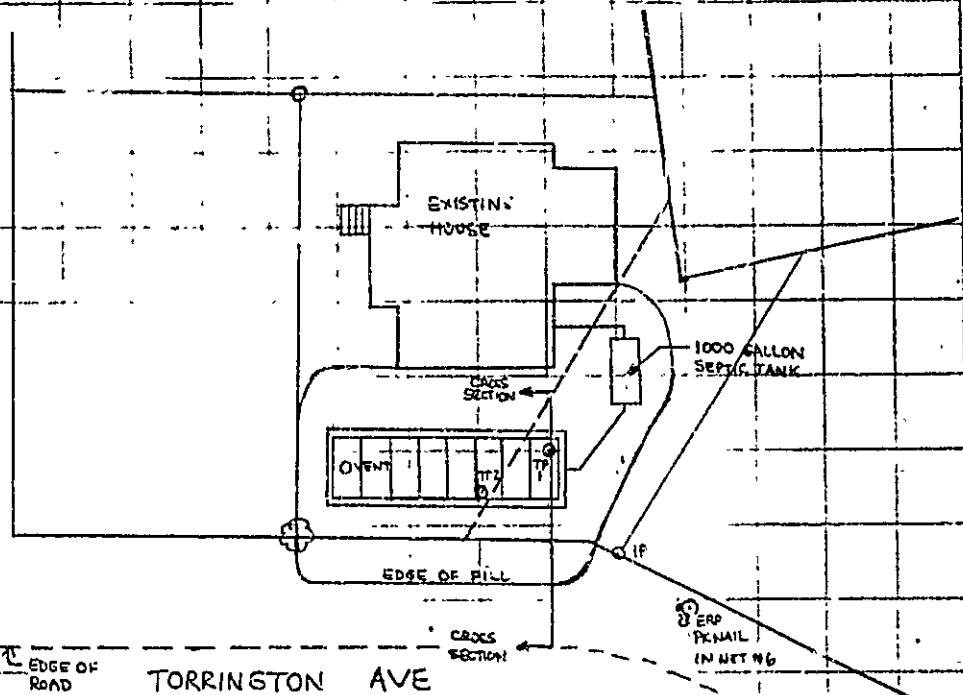
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **TORRINGTON AVE 84-N-17** Owners Name: **SCOTT CAMPBELL**

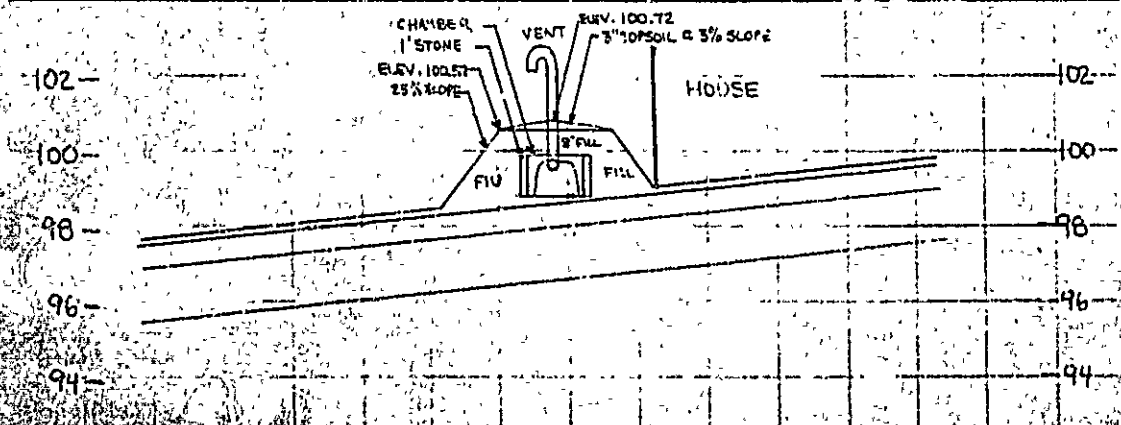
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	19'	Reference Elevation Is	100.00	PK IN NET POLE #6	
Depth of Fill (Downslope)	23'	Bottom of Disposal Area	98.92		
		Top of Distribution Lines or Chambers	99.90		

DISPOSAL AREA CROSS SECTION			
Scale:		Vertical:	1 inch = 4' Ft.
		Horizontal:	1 inch = 20' Ft.



William S. Gardner
 State Engineer of Professional Engineering
 License No. 12345

003/9814
 BE 9 (PE)

8/31/85
 D.S.

Pages 03
 SHEET 01 Rev. 41



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date Oct. 31, 19 85
 Receipt and Permit number B-051-75

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: 84-N-14 Torrington Point, Peaks Isl.
 OWNER'S NAME: Scott Campbell ADDRESS: Isl. Ave. Pks Isl.

OUTLETS:		FEES
Receptacles _____	Switches _____	
Plugmold _____	ft. TOTAL <u>31-60</u>	5.00
FIXTURES: (number of)		
Incandescent <u>x</u>	Flourescent _____ (not strip) TOTAL <u>1-10</u>	3.00
Strip Flourescent _____	ft. _____	
SERVICES:		
Overhead <u>x</u>	Underground _____	
Temporary _____	TOTAL amperes <u>100</u>	3.00 3.00
METERS: (number of) <u>1</u>		.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 _____	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" (304-16.1)
 TOTAL AMOUNT DUE: 11.50

INSPECTION:
 Will be ready on _____, 19__; or Will Call XX
 CONTRACTOR'S NAME: Joe Hayes
 ADDRESS: Peak Island, RR # 5 Box. 302 Buxton, me
 TEL: 282-727-3939
 MASTER LICENSE NO: 8268 SIGNATURE OF CONTRACTOR: Joe Hayes
 LIMITED LICENSE NO: _____

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

