



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 12/16/32, 19__
 Receipt and Permit number 2555

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: 5 Ocean View Terrace - Peaks Island
 OWNER'S NAME: Marianna Rowe ADDRESS: _____

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (no. strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> Underground _____ Temporary _____ TOTAL amperes <u>100</u> ..	<u>15.00</u>
METERS: (number of) <u>1</u> ..	<u>1.00</u>
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 _____	
Wash Ovens _____ Dishwashers _____	
Dryers _____ Compressors _____	
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 _____	
FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..	INSTALLATION FEE DUE
FOR REMOVAL OF A "STOP ORDER" (30 days) ..	DOUBLE FEE DUE
	TOTAL AMOUNT DUE <u>16.00</u>

INSPECTION:
 Will be ready on _____, 19__, or Will Call
CONTRACTOR'S NAME: Fortin Serv
ADDRESS: Anderson St - Pktd
TEL.: 773-1424
MASTER LICENSE NO.: Charles Fortin **SIGNATURE OF CONTRACTOR:** *Charles Fortin*
EXPIRES LICENSE NO.: 12555

Paul Bourget

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

582-8723

PLUMBING PERMIT APPLICATION

Department of Human Services
Division of Health Engineering
(207) 285-3826

Town or Plantation: Portland

Street, Block, and Lot: [Handwritten address]

PROPERTY OWNER'S NAME: [Handwritten name]

Last Name: [Handwritten name]

Applicant Name: [Handwritten name]

Mailing Address of Owner/Applicant (if different): [Handwritten address]

Owner/Applicant Statement:
I certify that the information submitted is correct to the best of my knowledge and belief, and that any false information is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Handwritten signature]

PORTLAND 5317 **TOWN COPY**

Date Permit Issued: 12.14.95 **FEE:** 40.00

Local Plumbing Inspector Signature: [Handwritten signature]

Caution. Inspection Required

I have inspected the installation authorized above and to comply with the State Plumbing Rules.

Local Plumbing Inspector Signature: [Handwritten signature]

Date Approved: 6-6-95

PERMIT INFORMATION

This Application is for: 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER -- SPECIFY _____	Plumber To Be Installed By: 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # [Handwritten]
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Hook-Up & Piping Location (Maximum of 1 Hook-Up)	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
(Hook-up to public sewer in 1989 cases where the connection is not permitted and inspected by the local Sanitary District) OR to an existing subsurface disposal system.	1	Wc/closets / Sinks	1	Bathub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal		Sink
		Washing Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
PIPING LOCATION of Sanitary Traps, and Piping without new fixture.		Water Treatment Softener, Filter, etc.		Clothes Washers
		Grease / Oil Separator		Dish Washer
		Dental Cupboard		Garbage Disposal
		Bidet		Laundry Tub
		Water Heater		Water Heater
TRANSFER FEE (\$9.00)		Fixtures (Subtotal) Column 2		
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
				\$ 40.00