

85-) 17-MAPLE STREET PEAKS ISLAND

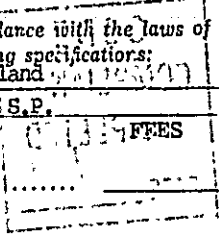


APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date July 27, 19 83
 Receipt and Permit number B08253

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: 85-0-17 Maple St., Oceanview Terrace, Peaks Island
 OWNER'S NAME: Mrs. Anthony Silva ADDRESS: 27 Carroll St., S.P.



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 _____ 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: 5.00 Min.

INSPECTION:

Will be ready on _____, 19 ____; or Will Call

CONTRACTOR'S NAME: Mr. Alfred Sampson

ADDRESS: New Portland Road, Gorham, Me.

TEL: 854-8379

MASTER LICENSE NO.: 0222 SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE

OFFICE COPY — CANARY

CONTRACTOR'S COPY — GREEN

