

87-E-8 LEDGEWOOD ROAD  
PEAKS ISLAND

14  
Dagora

CLIP 10/15/53  
16-2037579

16-2037579



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

Date May 25 19 77  
 Receipt and Permit number A09990

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: 87-E-8 Ledgewood Rd. Peaks Island, Me.

OWNER'S NAME: Catherine Somers ADDRESS: 124 Hanjoy South - winter add

OUTLETS: (number of)

Lights	_____	
Receptacles	_____	
Switches	_____	
Plugmold	_____ (number of feet)	
TOTAL	_____	FEE\$

FIXTURES: (number of)

Incandescent	_____	
Fluorescent	_____ (Do not include strip fluorescent)	
TOTAL	_____	
Strip Fluorescent, in feet	_____	

SERVICES:

Permanent, total amperes <u>100</u>	_____	<u>3.00</u>
Temporary	_____	_____

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 (total number of kws)	_____	

APPLIANCES: (number of)

Refrigerators	_____	Water Heaters	_____
Cook Tops	_____	Disposals	_____
Wall Ovens	_____	Dishwashers	_____
Dryers	_____	Compactors	_____
Fans	_____	Others (denote)	_____
TOTAL	_____		

MISCELLANEOUS: (number of)

Branch Panels	_____	
Transformers	_____	
Air Conditioners	_____	
Signs	_____	
Fire/Burglar Alarms	_____	
Circus, Fairs, etc.	_____	
Alterations to wires	_____	
Repairs after fire	_____	
Heavy Duty, 220v outlets	_____	
Emergency Lights, battery	_____	
Emergency Generators	_____	

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	_____	INSTALLATION FEE DUE:	_____
FOR REMOVAL OF A "STOP ORDER" (304-5)	_____	DOUBLE FEE DUE:	_____
FOR PERFORMING WORK WITHOUT A PERMIT (304-9)	_____	TOTAL AMOUNT DUE:	<u>3.50</u>

INSPECTION:

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

CONTRACTOR'S NAME: Samuel E Corcoran

ADL. ESS.: 18 Oak Ave. Peaks Isl.

TEL.: 766-2020

MASTER LICENSE NO. \_\_\_\_\_ SIGNATURE OF CONTRACTOR: Samuel E Corcoran

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

INSPECTOR'S COPY

