

Island Avenue

Peaks Island

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3626

PROPERTY ADDRESS
Town Or Plantation: PEAR'S ISLAND, ME 04109
Street: ISLAND AVE
Subdivision Lot #

PORTLAND PERMIT # 1,120 TOWN COPY
Date Permit Issued: 6/24/85 FEE \$ 19 by [Signature]
L.P.I. # 01123

PROPERTY OWNERS NAME
Last: JOHNSTON First: JOHN
Applicant Name: PATRICK T Mc INEVEY
Mailing Address of Owner/Applicant (If Different): ELIZABETH ISLAND AVE

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.
Patrick T Mc Inevey 06/25/85
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.
[Signature]
Local Plumbing Inspector Signature
Date Approved: JUL 10 1985

PERMIT INFORMATION

This Application is for	Type Of Structure To Be Served:	Plumbing To Be Installed By:
1 <input checked="" type="checkbox"/> NEW PLUMBING 2 <input checked="" type="checkbox"/> RELOCATED PLUMBING	1 <input type="checkbox"/> SINGLE FAMILY DWELLING 2 <input type="checkbox"/> MODULAR OR MOBILE HOME 3 <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input type="checkbox"/> OTHER - SPECIFY _____	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 # <u>1025911</u>

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 / Silcock		Bathhub (and Shower)
			Floor Drain		Shower (Separato)
			Urinal	1	Sink (Kitchen)
	HOOK-UP to an existing subsurface wastewater disposal system		Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
1	PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____	1	Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	2	Fixtures (Subtotal) Column 1
				1	Fixtures (Subtotal) Column 2
				3	Total Fixtures
				\$ 9.	Fixture Fee
				\$	Hook-Up Fee
				\$ 9.	Total Fee

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PLUMBING APPLICATION

Department of Human Services
Division of Health Engineering
(707) 289-3826

PROPERTY ADDRESS

Town Or Plantation: PEALS ISLAND, ME 04108
Street Subdivision Lot #: ISLAND AVE

PROPERTY OWNERS NAME

Last: JOHNSTON First: JOHN
Applicant Name: PATRICK T McINERNEY
Mailing Address of Owner/Applicant (if Different): ELIZABETH ST PEALS ISLAND, ME

PORTLAND PERMIT # 1,119 TOWN COP # _____
Date Issued: 6.24.85 \$ 19 FEE or Double Fee Charged
L.P.I. # 02423
[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] 06/25/85
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.
JUL 9 1985
Local Plumbing Inspector Signature Date Approved

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 type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	Plumbing 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 # <u>02591</u>
---	--	---

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type of Fixture	Number	Column 1 Type Of Fixtures
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District		Hosebibb / Sillcock	3	Bathtub (and Shower)
			Floor Drain	1	Shower (Separate)
			Urinal	7	Sink
	HOOK-UP: to an existing subsurface wastewater disposal system		Drinking Fountain	1	Wash Basin
			Indirect Waste	1	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc		Clothes Washer
	PIPING RELOCATION of sanitary lines, drains, and piping with out new fixtures		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other _____		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	3	Fixtures (Subtotal) Column 1
				0	Fixtures (Subtotal) Column 2
				3	Total Fixtures
				\$ 9.	Fixtures Fee
				\$	Hook-Up Fee
				\$ 9.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town or Plantation: PORTLAND
Street: 1400 ALICE ST
Subdivision Lot #: PERIL ISLANDS

PROPERTY OWNERS NAME

Last: J. TRUSE First: JOAN
Applicant Name: P. V. MCINERNEY
Mailing Address of Owner/Applicant (if Different): ELIZABETH STREET PERIL ISLANDS, ME 04108

PORTLAND PERMIT # 713 TOWN COPY
19,238.81 \$ FEE Double Fee Charged
Frank J. Peabody Local Plumbing Inspector Signature L.P.I. #

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 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.

Local Plumbing Inspector Signature

DEC 10 1984

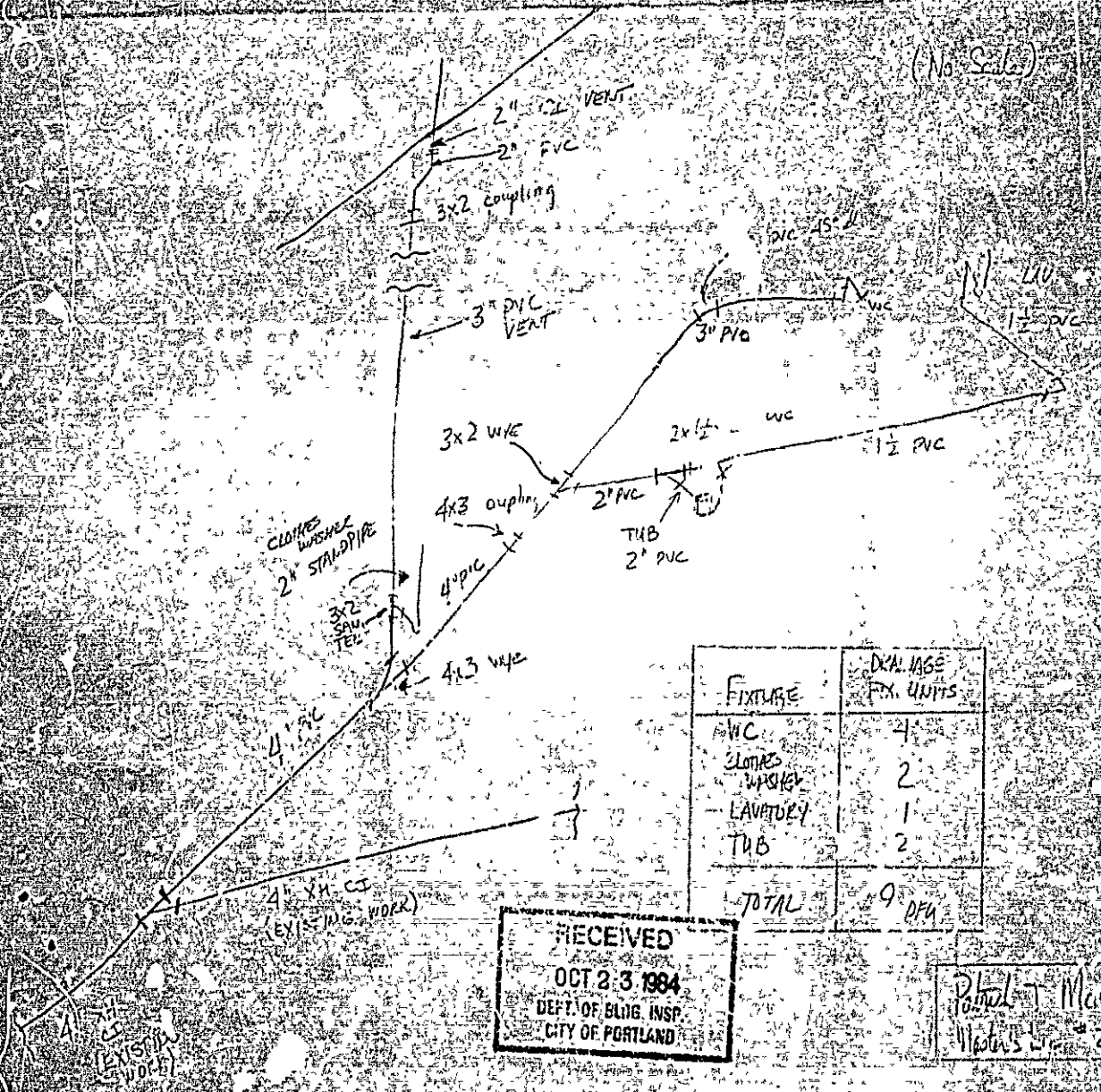
PERMIT INFORMATION

This Application is for	1. <input checked="" type="checkbox"/> NEW PLUMBING	Type Of Structure To Be Served:	1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING	Plumbing To Be Installed By:	1. <input checked="" type="checkbox"/> MASTER PLUMBER
	2. <input type="checkbox"/> RELOCATED PLUMBING		2. <input type="checkbox"/> MODULAR OR MOBILE HOME		2. <input type="checkbox"/> OIL BURNERMAN
			3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING		3. <input type="checkbox"/> MFG D. HOUSING DEALER/MECHANIC
			4. <input type="checkbox"/> OTHER - SPECIFY _____		4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE
					<input type="checkbox"/> PROPERTY OWNER
					PERMIT # <u> </u>

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		Shower (Separate)
			Urinal		Sink
	HOOK-UP, to an existing subsurface wastewater disposal system.		Drinking Fountain		Wash Basin
			Indirect Waste		Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Bidet		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____		Water Heater
\$	Hook-Up Fee		Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1
				4	Fixtures (Subtotal) Column 2
					Total Fixtures
				\$ 12.	Permit Fee
				\$	Water Heater Fee
				\$ 12.	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

(No Scale)



FIXTURE	DRAINAGE FIX. UNITS
W.C.	4
CLOSET WASH/ST	2
LAVATORY	1
TUB	2
TOTAL	9 DFW

RECEIVED
 OCT 23 1984
 DEPT. OF BLDG. INSP.
 CITY OF PORTLAND

Patrol - Mackey
 Meter's No. 2519



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date August 21, 1987
 Receipt and Permit number 222116

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 (Pole 92) Peaks Island
 OWNER'S NAME: Public Cable Co. ADDRESS: _____

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

FIXTURES: (number of) Incandescent _____ Fluorescent _____ (no strip) TOTAL _____
 Strip Fluorescent _____ ft. _____

SERVICES: Overhead _____ Underground _____ Temporary _____ Conduit Service _____
 METERS: (number of) _____ TOTAL amperes 30 _____ 3.00 _____
 MOTORS: (number of) Fractional _____ 50 _____
 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 welder) 30 amps and under _____
 over 30 amps _____
 Circus, Fairs, etc. _____
 Alterations to wires _____
 Repairs after fire _____
 Emergency Light, 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 _____, 19____; or Will Call _____
 CONTRACTOR'S NAME: Freeman Clean
 ADDRESS: 49A Pleasant Hill Rd., Falmouth
 TEL: 797-3566
 MASTER LICENSE NO: 2957 SIGNATURE OF CONTRACTOR: Freeman Clean
 LIMITED LICENSE NO: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY

ELECTRICAL INSTALLATIONS

Permit Number 22246

Location Gate #15 W. 1st St

Owner Rubler-Calle

Date of Permit 8/24/87

Final Inspection

By Inspector [Signature]

Permit Application Register Page No. 8

INSPECTIONS: Service 30 Amp by [Signature]
Service called in 8/24/87
Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

DATE:	REMARKS:

Handwritten note:
Check one