

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

**PROPERTY ADDRESS**

Town or Plantation: **FORTLAND**  
 Street: **PEAKS ISLAND**  
 Subdivision/Lot #: **TOLMAN ROAD EXTENSION**  
**TAX MAP 91 - BLOCK 6 - LOT 24**

**PROPERTY OWNERS NAME**

Last: **McTigue** First: **ROBERT**

Applicant Name: **ROBERT MCTIGUE**

Mailing Address of Owner/Applicant (if different):  
**EMERYTT AVE**  
**PEAKS ISLAND ME 04108**

PORTLAND PERMIT # **2,502** TOWN COPY

Fee: **\$40.00** Double Fee Charged

Local Plumbing Inspector Signature: *[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 Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: *[Signature]* Date Approved: **DEC 11 1987**

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1 <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2 <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3 <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4 <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5 <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1 <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2 <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3 <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4 <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <p>1 <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2 <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3 <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4 <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5 <input type="checkbox"/> HOLDING TANK</p> <p>6 <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7 <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8 <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS:</b></p> <p>1 <input type="checkbox"/> BED 3 <input type="checkbox"/> TRENCH</p> <p>2 <input type="checkbox"/> CHAMBER 4 <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1 <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2 <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4 <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p>DRILLED WELL</p>
<p><b>SIZE OF PROPERTY</b> <b>ZONING</b></p> <p>110,400 SF <b>IR 1</b></p>		

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1 <input checked="" type="checkbox"/> SEPTIC. <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2 <input type="checkbox"/> AEROBIC</p> <p>SIZE: <b>1000</b> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1 <input checked="" type="checkbox"/> NONE</p> <p>2 <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4 <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1 <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2 <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3 <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><b>2 BEDROOM CONSERVATIVE 300</b></p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <b>3</b> CONDITION: <b>AIII</b></p> <p>DEPTH TO LIMITING FACTOR: <b>32</b></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRALARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <b>525*</b> Sq Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3 <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p><b>DESIGN FLOW: 300 (GALLONS/DAY)</b></p>

**SITE EVALUATOR STATEMENT** \* USED 21 INFILTRATOR @ POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION  SITE EVALUATION WAIVED BY LOCAL OPTION

On **AUGUST 26 1986** (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: *[Signature]* SE # / PE # **0003 / 4814** Date: **8/31/87**

Page 1 of 3  
HHE-200 Rev 4/83

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

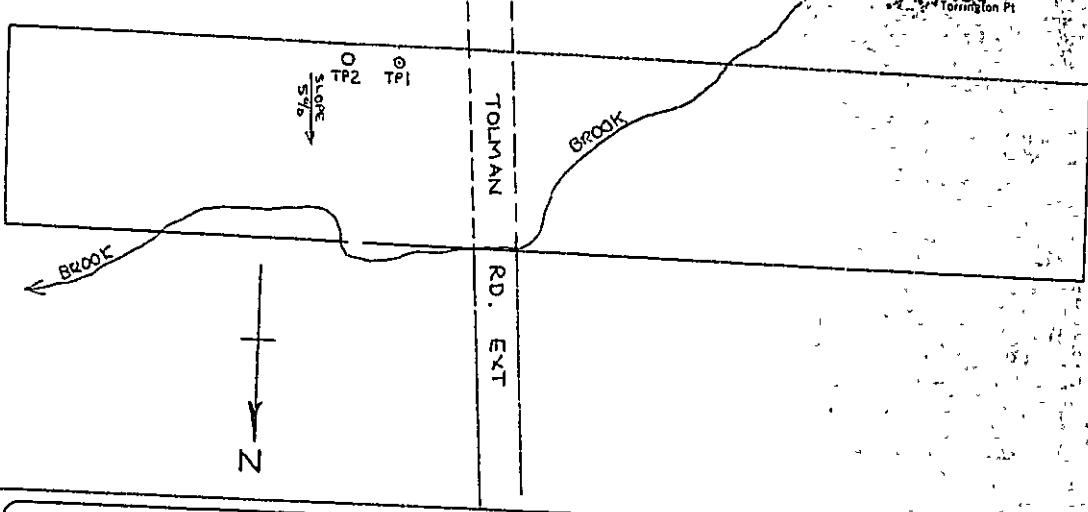
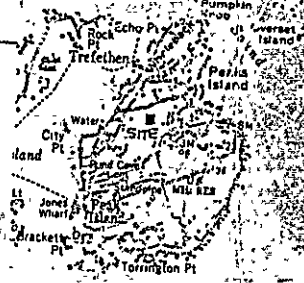
PORTLAND PEAKS ISLAND TOLMAN RD EXT 91-G-24

ROBERT MCTIGUE

SITE PLAN

Scale 1" = 100' FL.

SITE LOCATION PLAN (Attached)



## SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole \_\_\_\_\_  Test Pit  Boring

(Location of Observation Holes Shown Above)

3' FOREST FEAT - Depth of Organic Horizon Above Mineral Soil

Observation Hole 2  Test Pit  Boring

3' FOREST FEAT - Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM		DARK BROWN	
6-20		LOOSE		NONE
20-35	LOAMY GRAVEL		RED BROWN	
35-50				FEW

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM		DARK BROWN	
6-20		LOOSE		NONE
20-35	LOAMY GRAVEL		RED BROWN	
35-40	SANDY CLAY	FRIBLE	GRAY	FEW
40-50	Bedrock			

Soil 4  
Classification C  
Slope 5%  
Limiting Factor 24  
 Ground Water  
 Permeable Layer  
 Bedrock

Soil 3  
Classification AIII  
Slope 5%  
Limiting Factor 32  
 Ground Water  
 Permeable Layer  
 Bedrock

*William B. Jordan*  
Site Evaluator or Professional Engineer's Signature

0003/4814  
SE# / PER#

8/31/87  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

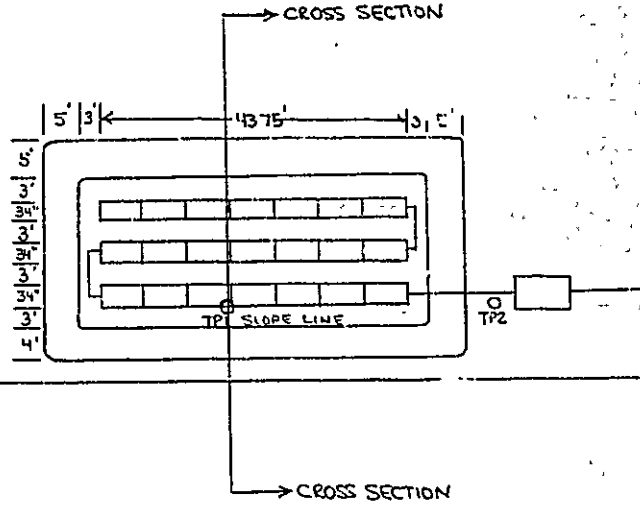
Department of Human Services  
Division of Health Engineering

Town, City, Plantation <b>PORTLAND PEAKS ISLAND TOLMAN RD EXT</b>	Street, Road, Subdivision <b>91-G-24</b>	Owners Name <b>ROBERT MCTIGUE</b>
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## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL.

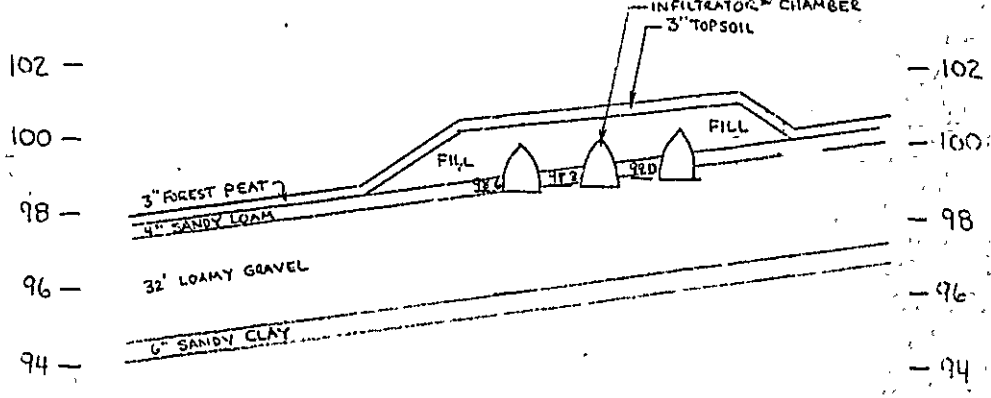
TOLMAN RD EXT



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	8'	Reference Elevation is	100.0	GROUND AT TEST PIT 1 ELEV. 100.00	
Depth of Fill (Downslope)	12'	Bottom of Disposal Area UPPER	99.0		
		Top of Distribution Line; or Chambers UPPER	100.25		

### DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 inch = 4' FL.  
Horizontal: 1 inch = 10' FL.



*William B. Goodwin*  
Site Evaluator or Professional Engineer's Signature

0003/4214  
SE # / PE #

8/31/87  
Date

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
(607) 289-3826

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND  
PEAKS ISLAND

Street: TOUJAN ROAD EXTENSION  
Subdivision/Lot #: TAX MAP 91 - BLOCK G - LOT 24

**PROPERTY OWNERS NAME**

Last: McTigue  
First: ROBERT

Applicant Name: ROBERT McTIGUE

Mailing Address of Owner/Applicant (if Different): BRANNETT AVE  
PEAKS ISLAND ME 04102

PORTLAND PERMIT # 2,502 TOWN COPY

Date Permit Issued: 8/31/87 FEE \$40.00

Local Plumbing Inspector Signature: [Signature]

L.P.I. # 1, 2, 3

**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: [Signature] Date: 8/31/87

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules

Local Plumbing Inspector Signature: [Signature] Date Approved: 8/31/87

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

1.  NEW SYSTEM

2.  REPLACEMENT SYSTEM

3.  EXPANDED SYSTEM

4.  SEASONAL CONVERSION

5.  EXPERIMENTAL SYSTEM

OCT - 1 1987

**THIS APPLICATION REQUIRES:**

1.  NO RULE VARIANCE REQUIRED

2.  NEW SYSTEM VARIANCE

3.  REPLACEMENT SYSTEM VARIANCE

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 \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

1.  SINGLE FAMILY DWELLING

2.  MODULAR OR MOBILE HOME

3.  MULTIPLE FAMILY DWELLING

4.  OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

SIZE OF PROPERTY: 110,400 SF

ZONING: IR 1

**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: \_\_\_\_\_

**PUMPING**

1.  NOT REQUIRED

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

3.  REQUIRED

DOSE: \_\_\_\_\_ GALS

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

2 BEDROOM 300

CONSERVATIVE 300

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: 3 | CONDITION: AIII

DEPTH TO LIMITING FACTOR: 32

**SIZE RATINGS USED FOR DESIGN PURPOSES**

1.  SMALL

2.  MEDIUM

3.  MEDIUM LARGE

4.  LARGE

5.  EXTRALARGE

**DISPOSAL AREA TYPE/SIZE**

1.  BED \_\_\_\_\_ Sq. Ft.

2.  CHAMBER 525 Sq. Ft.

3.  TRENCH \_\_\_\_\_ Linear Ft.

4.  OTHER: \_\_\_\_\_

**DESIGN FLOW:** 300 (GALLONS DAY)

**SITE EVALUATOR STATEMENT** \* USED 21 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

On August 26 1987 (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.

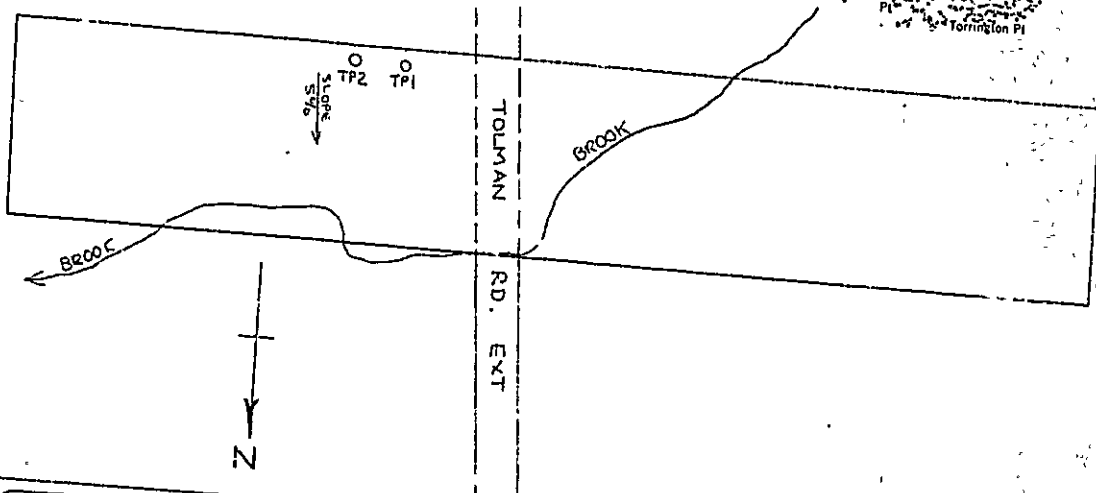
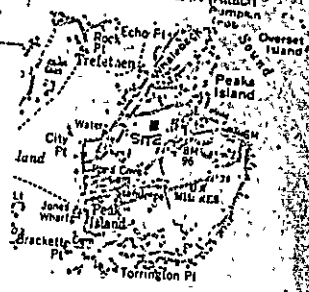
Signature of Professional Engineer: William B. Goodwin SE # / PE # 0003 / 4214 Date: 8/31/87



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation: **PORTLAND PEAKS ISLAND TOLMAN RD** Street, Road, Subdivision: **RD BT 91-G-24** Department of Human Services  
 Division of Health Engineering  
 Owners Name: **ROBERT MCTIGUE**

SITE PLAN Scale 1" = **100** FT. SITE LOCATION PLAN (Attach)



## SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole 3 FOREST PEAT				Observation Hole 2 FOREST PEAT			
Depth of Organic Horizon Above Mineral Soil				Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
SANDY LOAM		DARK BROWN		SANDY LOAM		DARK BROWN	
			NONE				
LOAMY GRAVEL	LOOSE	RED BROWN		LOAMY GRAVEL	LOOSE	RED BROWN	NONE
			FEW				
				SANDY CLAY	FRISKIE	GRAY	FEW
				Bedrock			

Soil Profile: **4** Classification: **C** Slope: **5** Limiting Factor: **24**  
 Ground Water  
 Arsenic Layer  
 Bedrock

Soil Profile: **3** Classification: **AIII** Slope: **5** Limiting Factor: **32**  
 Ground Water  
 Arsenic Layer  
 Bedrock

*William B. Jordan*  
 Site Evaluator or Professional Engineer's Signature

0003 / 4814

8/31/87  
 Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

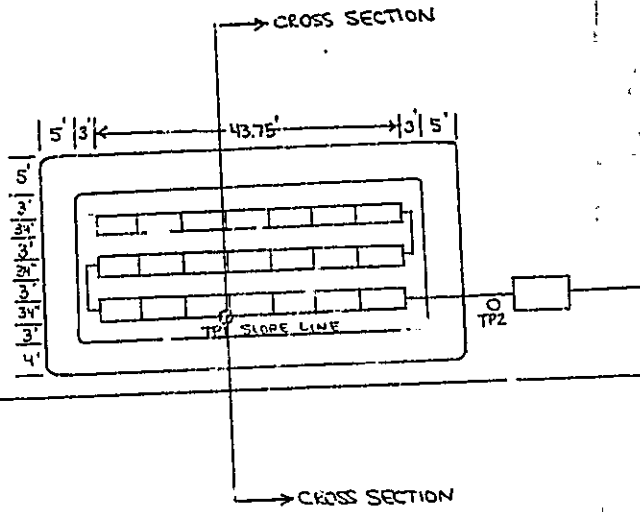
Department of Human Services  
Division of Health Engineering

Town, City, Plantation: PORTLAND PEAKS ISLAND TOLMAN RD EXT  
Street, Road, Subdivision: 91-G-24  
Owner's Name: ROBERT MCTIGUE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL

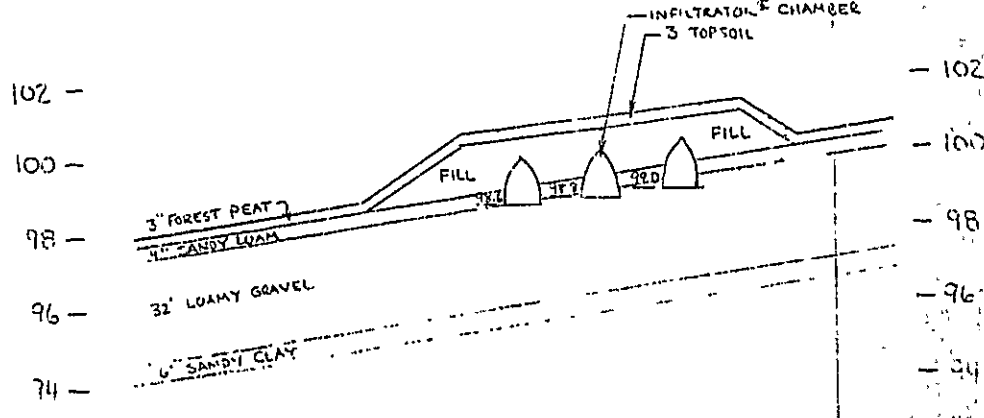
TOLMAN RD EXT



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) 8'	Reference Elevation is 100.0	GROUND AT TEST PIT 1
Depth of Fill (Downslope) 12'	Bottom of Disposal Area UPPER 99.0	ELEV. 100.00
	Top of Distribution Lines or Chambers UPPER 100.25	

## DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 Inch = 4' FL  
Horizontal: 1 Inch = 10' FL



*William B. Goodwin*  
Site Evaluator or Professional Engineer's Signature

0003/4214  
SE # / PE #

8/31/07  
Date

Page 3 of 3  
HHE-200 Rev. 4/93



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION Toiman Road, Peaks Island

Date of Issue March 18, 1938

Issued to Robert McTigue

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. 87/1272, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single family

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

3-18-38

(Date)

*William Wells*  
Inspector

*[Signature]*  
Inspector of Buildings

*W. Wells*  
3-22

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION Tolunn Road, Peaks Island

Issued to Robert McTigue

Date of Issue March 18, 1988

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. 87/1272, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

Entire

Single Family

Limiting Conditions:

This certificate supersedes  
certificate issued

Approved:

3-18-88 *William [Signature]*

(Date)

Inspector

*[Signature]*  
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.



PERMIT #                      PORTLAND BUILDING PERMIT APPLICATION DATE 09/09/87 **PERMIT ISSUED**

1. GENERAL INFORMATION  
 Location/address of construction Wilson Rd., Peaks Island 91-G-24  
 1. Owner's name Robert McTigue Tel. 766-2676  
 Address Brackett Ave., Peaks Island  
 2. Lessee's name \_\_\_\_\_ Tel. \_\_\_\_\_  
 Address \_\_\_\_\_  
 3. Contractor's name same Tel. \_\_\_\_\_  
 Address \_\_\_\_\_  
 4. Is this a legally recorded lot? yes X no \_\_\_\_\_

SUBJECT # 5-1987  
 City of Portland

II. DESCRIPTION OF WORK:

Minor site plan review.  
 Building a single family dwelling.

**PERMIT ISSUED  
 WITH LETTER**

Send permit to #1.

III. BUILDING DIMENSIONS: length \_\_\_\_\_ width \_\_\_\_\_ square footage \_\_\_\_\_ height \_\_\_\_\_ #stories \_\_\_\_\_

IV. ZONE TR-1 Street frontage \_\_\_\_\_ Zoning board approval no.  yes  date \_\_\_\_\_  
 Setbacks: front \_\_\_\_\_ back \_\_\_\_\_ side \_\_\_\_\_ Planning board approval no.  yes  date \_\_\_\_\_

V. REVIEW REQUIRED: variance \_\_\_\_\_ other \_\_\_\_\_ Number of off-street parking spaces:  
 site plan \_\_\_\_\_ subdivision \_\_\_\_\_ shore \_\_\_\_\_ floodplain mgmt \_\_\_\_\_ enclosed \_\_\_\_\_ outdoors \_\_\_\_\_

VI. FEES:  
 base fee 170.00 other fees \_\_\_\_\_  
 subdivision fee \_\_\_\_\_ late fee \_\_\_\_\_  
 site plan review fee 50.00 TOTAL 220.00

VII. DETAILS OF WORK

1. WATER SUPPLY: <input type="checkbox"/> public <input type="checkbox"/> private	7. ELECTRICAL: service entrance size _____ # smoke detectors _____	8. CHIMNEY: # flues _____ material _____ # fireplaces _____
2. SEWER: <input type="checkbox"/> public <input type="checkbox"/> private, type _____	9. FRAMING: floor joists _____ size _____ max. on center _____ ceiling joists _____ rafters _____ studs _____ wall studs _____	
3. HEAT, type _____ fuel _____	10. If 1-story building w/masonry walls: wall thickness _____ height _____	11. BEDROOM WINDOWS height _____ width _____ sit height _____ egress window? yes <input type="checkbox"/> no <input type="checkbox"/>
4. FOUNDATION, type _____ thickness _____ footing _____		
5. ROOF: type _____ pitch _____ covering _____ load _____		
6. PLUMBING: SPRINKLER SYSTEM? yes <input type="checkbox"/> no <input type="checkbox"/>		

VIII. OFFICE USE: TAX MAP # _____ LOT # _____ VALUE/STRUCTURE _____ PERMIT EXPIRATION _____	IX. NEW OR PHASED SUBDIVISION REFERENCE Name _____ Lot _____ Block _____
---	---

CODE \_\_\_\_\_ If other, explain \_\_\_\_\_ Seasonal Condominium Apartment

X. PROPOSED USE: \_\_\_\_\_

XI. PAST USE: \_\_\_\_\_

XII. OWNERSHIP: PUBLIC PRIVATE

XIII. EST. CONSTRUCTION COST: 530,000.00 XIV. GR. SQ. FT. OF LOT BUILDING \_\_\_\_\_

COMPLETE XV AND XVI ONLY IF THE NUMBER OF UNITS WILL CHANGE

XV. RESIDENTIAL BUILDINGS ONLY: # NEW DWELLING UNITS WITH: # EXISTING DWELLING UNITS WITH:	BEDROOMS 1: BDRM 2: BDRMS 3: BDRMS	XVI. # RESIDENTIAL UNITS: # NEW DWELLINGS # EXISTING DWELLINGS TOTAL RESIDENTIAL UNITS
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APPROVALS BY: _____ DATE _____ BUILDING INSPECTION - PLAN EXAMINER _____ ZONING: _____ C.E.O. _____ FIRE DEPT. _____	MISCELLANEOUS Will work require disturbing of any tree on a public street? _____ Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? _____
--	--

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

District No. <u>7</u>	XVII. SIGNATURE OF APPLICANT <u>Robert McTigue</u> PHONE # <u>766-2676</u> TYPE NAME OF ABOVE <u>Robert McTigue</u>	<b>PERMIT ISSUED</b>
-----------------------	--	----------------------

White - GPCOG Green - Applicant Yellow - Assessor Pink - Office File Gold - Field Inspector  
Robert McTigue Adddate # 7



CITY OF PORTLAND, MAINE

389 CONGRESS STREET  
PORTLAND, MAINE 04101  
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

October 2, 1987

Mr. Robert McTigue  
Brackett Avenue  
Peaks Island, ME 04108

RE: Tolman Road, Peaks Island, 91-G-24.

Dear Sir:

Your application to construct a single family dwelling at Tolman Road, Peaks Island, has been reviewed and a permit is herewith issued subject to the following requirements:

1. All lot lines and the lot shall be clearly marked before calling for a foundation inspection.
2. Please read and implement items 5 and 6 of the attached work sheet.
3. Also read and implement enclosed section on guards.

If you have any questions regarding these requirements, please do not hesitate to call this office.

Sincerely,

  
P. Samuel Hoffses  
Chief of Inspection Services

Attachment.

Enclosures.

PSH:lab

BUILDING PERMIT REPORT

DATE: 2/00T/87

ADDRESS: Tolman Rd. Peaks Island 91-6-24

REASON FOR PERMIT: Single Family Dwelling

BUILDING OWNER: Robert McTigue

CONTRACTOR: 11

PERMIT APPLICANT: 11

APPROVED: 5-6 DENIED

CONDITION OF APPROVAL OR DENIAL:

- 1.) All vertical openings shall be enclosed with construction having a fire rating of at least one(1) hour, including fire doors with self-closers.
- 2.) Each apartment shall have access to two(2) separate, remote and approved means of egress. A single exit is acceptable when it exits directly from the apartment to the building exterior with no communications to other apartment units.
- 3.) Each apartment shall be equipped with an approved single station smoke detector powered by the house current. The detector shall be located in an area which will provide protection for the sleeping areas.
- 4.) The boiler shall be protected by enclosing with one(1) hour fire rated construction including fire doors and ceiling, or by placing over the boiler, two(2) residential sprinkler heads supplied from the domestic water.
- \*5.) Every sleeping room below the fourth story in buildings of Use Groups R and I-1 shall have at least one operable window or exterior door approved for emergency egress or rescue. The units must be operable from the inside opening without the use of separate tools. Where windows are provided as a means of egress or rescue, they shall have a sill height not more than 44 inches (1118 mm) above the floor. All egress or rescue windows from sleeping rooms must have minimum net clear openings of 5.7 square feet (0.53m<sup>2</sup>). The minimum net clear opening height dimension shall be 24 inches (610 mm). The minimum net clear opening width dimension shall be 20 inches (508 mm).

\*6.) In addition to any automatic fire alarm system required by Sections 1716.3.2 and 1716.3.3, a minimum of one single station smoke detector shall be installed in each guest room, suite or sleeping area in buildings of Use Groups K-1 and I-1 and in dwelling units in the immediate vicinity of the bedrooms in buildings of Use Group R-2 or R-3. When actuated, the detector shall provide an alarm suitable to warn the occupants within the individual unit (see Section 1717.3.1).


In buildings of Use Groups R-1 and R-2 which have basements, an additional smoke detector shall be installed in the basement. In buildings of Use Group R-3, smoke detectors shall be required on every story of the dwelling unit, including basements.

In dwelling units with split levels, a smoke detector installed on the upper level shall suffice for the adjacent lower level provided the lower level is less than one full story below the upper level. If there is an intervening door between the adjacent levels, a smoke detector shall be installed on both levels.

All detectors shall be installed in an approved location. Where more than one detector is required to be installed within an individual dwelling unit, the detectors shall be wired in such a manner that the actuation of one alarm will actuate all the alarms in the individual unit.

7.) Private garages located beneath rooms in buildings of Use Groups R-1, R-2, R-3 or I-1 shall have walls, partitions, floors and ceilings separating the garage space from the adjacent interior spaces constructed of not less than 1-hour fire-resistance rating. Attached private garages shall be completely separated from the adjacent interior spaces and the attic area by means of 1/2-inch gypsum board or equivalent applied to the garage side. The sills of all door openings between the garage and adjacent interior spaces shall be raised not less than 4 inches (102 mm) above the garage floor. The door opening protectives shall be 1-3/4-inch solid core wood doors or approved equivalent.

Sincerely,



P. Samuel Hoffses  
Chief of Inspection Services

/el  
7/21/87

## SECTION 827.0 GUARDS

**827.1 General:** Where required by the provisions of Sections 609.2.3, 617.7, 815.5, 816.5, 825.5 and 1310.5, guards shall be designed and constructed in accordance with the requirements of this section and Section 1109.7. A guardrail system is a system of building components located near the open sides of elevated walking surfaces for the purpose of minimizing the possibility of an accidental fall from the walking surface to the lower level.

**827.2 Height:** The guards shall be at least 42 inches (1067 mm) in height measured vertically above the leading edge of the tread or adjacent walking surface.

### Exceptions

1. In other than buildings of Use Group E, guards shall be not less than 30 inches (762 mm) in height above the leading edge of the tread along stairs which are not more than 20 feet (6096 mm) in height or which reverse direction at an intermediate landing with 12 inches (305 mm) or less measured horizontally between successive flights.
2. Guards in buildings of Use Group R-3 shall be not less than 36 inches (914 mm) in height.

**827.3 Construction:** Open guards shall have intermediate rails, balusters or other construction such that a sphere with a diameter of 6 inches (152 mm) cannot pass through any opening.

**Exception:** In buildings of Use Groups F, H, or S, the construction shall not permit a sphere with a diameter of 14 inches (356 mm) to pass through any opening.

**827.4 Railings:** Metal or other approved noncombustible railings shall be provided on balconies and galleries as prescribed in Sections 827.4.1 through 827.4.3.

**827.4.1 At fascia:** At the fascia of boxes, balconies and galleries not less than 26 inches (660 mm) in height; not less than 36 inches (914 mm) in height at the end of aisles extending to the fascia for the full width of the aisle; and not less than 42 inches (1067 mm) in height at the foot of steps for the full width of the steps.

**827.4.2 At cross aisles:** Along cross aisles, not less than 26 inches (660 mm) in height except where the backs of the seats along the front of the aisles project 24 inches (610 mm) or more above the floor of the aisle.

**827.4.3 Successive tiers:** Where seatings are arranged in successive tiers, and the height of rise between platforms exceeds 18 inches (457 mm), not less than 26 inches (660 mm) in height along the entire row of seats at the edge of the platform.



**CITY OF PORTLAND, MAINE**

**SITE PLAN REVIEW**

**Processing Form**

Applicant Robert McTigue Date September 9, 1987

Mailing Address Brackett Avenue, Peaks Island Address of Proposed Site Tolman Road Peaks Island

Proposed Use of Site single family Site Identifier(s) from Assessors Maps 91-G-24

40,000 sq. ft. / 30x30 Acreage of Site / Ground Floor Coverage Site Identifier(s) from Assessors Maps IR-1

Site Location Review (DEP) Required: ( ) Yes ( / ) No Proposed Number of Floors 1

Board of Appeals Action Required: ( ) Yes ( / ) No Total Floor Area \_\_\_\_\_

Planning Board Action Required: ( ) Yes ( / ) No

Other Comments: \_\_\_\_\_

Date Dept. Review Due: \_\_\_\_\_

**BUILDING DEPARTMENT SITE PLAN REVIEW**

(Does not include review of construction plans)

- Use does NOT comply with Zoning Ordinance
- Requires Board of Appeals Action
- Requires Planning Board/City Council Action

**Explanation**

- Use complies with Zoning Ordinance — Staff Review Below

Zoning: **SPACE & BULK,**  
as applicable

COMPLIES

COMPLIES  
CONDITIONALLY

DOES NOT  
COMPLY

DATE	ZONE LOCATION	INTERIOR OR CORNER LOT	40 FT. SETBACK AREA (SEC. 21)	USE	SEWAGE DISPOSAL	REAR YARDS	SIDE YARDS	FRONT YARDS	PROJECTIONS	HEIGHT	LOT AREA	BUILDING AREA	AREA PER FAMILY	WIDTH OF LOT	LOT FRONTAGE	OFF-STREET PARKING	LOADING BAYS

CONDITIONS  
SPECIFIED  
BELOW

REASONS  
SPECIFIED  
BELOW

REASONS:

*O.K. M.J. Turner Oct 1, 1987*

SIGNATURE OF REVIEWING STAFF/DATE

BUILDING DEPARTMENT—ORIGINAL

**CITY OF PORTLAND, MAINE  
SITE PLAN REVIEW  
Processing Form**

Applicant Robert McTigue  
Brackett Avenue, Peaks Island  
 Mailing Address single family  
 Proposed Use of Site  
40,000 sq.ft. / 30x30  
 Acreage of Site / Ground Floor Coverage

September 9, 1987  
 Date  
Tolman Road Peaks Island  
 Address of Proposed Site  
91-G-24  
 Site Identifier(s) from Assessors Maps  
TR-1  
 Zoning of Proposed Site

Site Location Review (DEP) Required: ( ) Yes ( ) No      Proposed Number of Floors 1  
 Board of Appeals Action Required: ( ) Yes ( ) No      Total Floor Area \_\_\_\_\_  
 Planning Board Action Required: ( ) Yes ( ) No

Other Comments: \_\_\_\_\_  
 Date Dept. Review Due: \_\_\_\_\_

**PUBLIC WORKS DEPARTMENT REVIEW**

(Date Received) \_\_\_\_\_

	TRAFFIC CIRCULATION	ACCESS	CURB CUTS	ROAD WIDTH	PARKING	SIGNALIZATION	TURNING MOVEMENTS	LIGHTING	CONFLICT WITH CITY CONSTRUCTION PROJECT	DRAINAGE	SOIL TYPES	SEWERS	CURBING	SIDEWALKS	OTHER	
APPROVED	✓	✓	N/A	✓	✓	N/A	N/A	N/A	✓	✓	✓	✓	N/A	N/A	✓	
APPROVED CONDITIONALLY																CONDITIONS SPECIFIED BELOW
DISAPPROVED																REASONS SPECIFIED BELOW

REASONS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Attach Separate Sheet if Necessary)

*William F. [Signature]* 9/9/87  
 SIGNATURE OF REVIEWING STAFF/DATE

PUBLIC WORKS DEPARTMENT COPY

Applicant: Robert McTigue Date: Oct 6, 1987  
Address: Tolman Rd Peaks Island  
Assessors No.: 91-G-24

CHECK LIST AGAINST ZONING ORDINANCE

Date -

Zone Location - IR-1

Interior or corner lot - Interior

Use - Construct a single family dwelling

Sewage Disposal - Septic Field

Rear Yards - 170'

Side Yards - 25' and 65'

Front Yards - 100' + ~~170'~~

Projections -

Height - One story

Lot Area - 105,960 sq. ft.

Building Area - 30 x 30 = 900 sq. ft.

Area per Family - 60,000 sq. ft. for lots without public water

Width of Lot - 130'

Lot Frontage - 130' (Unaccepted Tolman Road)

Off-street Parking - 0, K.

Loading Bays -

Site Plan -

Shoreland Zoning -

Flood Plains -



CITY OF PORTLAND, MAINE

389 CONGRESS STREET  
PORTLAND, MAINE 04101  
(207) 775-5451

DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF  
INSPECTION SERVICES DIVISION

September 28, 1987

Tolman Road  
Peaks Island

Mr. Robert McTigue  
Brackett Avenue  
Peaks Island, Maine 04108

Dear Mr. McTigue:

This is in reference to your application for a building permit for a single family dwelling on Tolman Road, Peaks Island, on Lot 91-G-24. Before we can issue a building permit for this project, we must have a copy of Form MHE 200 Soil Test Analysis results.

Please send copies of this form as completed by an approved soils analyst that we may then issue or continue to process your building permit for the project. No work should be initiated until such time as the permit is issued and received in your hands.

Sincerely,

Warren J. Turner  
Zoning Enforcement Inspector

cc: P. Samuel Hoffses, Chief of Inspection Services  
Ernold Goodwin, City Plumbing Inspector  
Arthur Rowe, Code Enforcement Officer

PERMIT # 1250 PORTLAND BUILDING PERMIT APPLICATION DATE 09/09/87 PERMIT ISSUED

**I. GENERAL INFORMATION**  
 Location/address of construction Walman Rd, Peake Island 91-G-24  
 1. Owner's name Robert McFigue Tel. 766-2676  
 Address Lexington Ave, Peake Island  
 2. Lessee's name \_\_\_\_\_ Tel. \_\_\_\_\_  
 Address \_\_\_\_\_  
 3. Contractor's name S&M Tel. \_\_\_\_\_  
 Address \_\_\_\_\_  
 4. Is this a legally recorded lot? yes  no \_\_\_\_\_

OCT 5 1987  
 City Of Portland

B

**II. DESCRIPTION OF WORK:**  
Minor site plan review.  
Building a single family dwelling.

Send permit to #1.

**III. BUILDING DIMENSIONS:** length \_\_\_\_\_ width \_\_\_\_\_ square footage \_\_\_\_\_ height \_\_\_\_\_ #stories \_\_\_\_\_  
**IV. ZONE** \_\_\_\_\_ Street frontage \_\_\_\_\_ Zoning board approval no  yes  date \_\_\_\_\_  
 Setbacks: front \_\_\_\_\_ back \_\_\_\_\_ side \_\_\_\_\_ side \_\_\_\_\_ Planning board approval no  yes  date \_\_\_\_\_  
**V. REVIEW REQUIRED:** variance \_\_\_\_\_ other \_\_\_\_\_ Number of off-street parking spaces:  
 site plan \_\_\_\_\_ subdivision \_\_\_\_\_ shore \_\_\_\_\_ floodplain mgmt \_\_\_\_\_ enclosed \_\_\_\_\_ outdoors \_\_\_\_\_  
**VI. FEES:**  
 base fee 170.00 other fees \_\_\_\_\_  
 subdivision fee \_\_\_\_\_ late fee \_\_\_\_\_  
 site plan review fee 50.00 TOTAL 220.00

**VII. DETAILS OF WORK**

1. WATER SUPPLY: <input type="checkbox"/> public <input type="checkbox"/> private	7. ELECTRICAL: service entrance size _____ # smoke detectors _____	8. CHIMNEY: # flues _____ # fireplaces _____
2. SEWER: <input type="checkbox"/> public <input type="checkbox"/> private, type _____	9. FRAMING: floor joists _____ size _____ max. on center _____ ceiling joists _____ rafters _____ studs _____ wall studs _____	
3. HEAT: type _____ fuel _____	10. If 1-story building w/masonry walls: w.c.s thickness _____ height _____	11. BEDROOM WINDOWS height _____ width _____ sill height _____ egress window? yes <input type="checkbox"/> no <input type="checkbox"/>
4. FOUNDATION: type _____ thickness _____ footing _____		
5. ROOF: type _____ pitch _____ covering _____ load _____		
6. PLUMBING: SPRINKLER SYSTEM? yes <input type="checkbox"/> no <input type="checkbox"/>		

**VIII. OFFICE USE:**  
 TAX MAP # \_\_\_\_\_  
 LOT # \_\_\_\_\_  
 VALUE/SQ. FT. \_\_\_\_\_  
 PERMIT EXPIRATION \_\_\_\_\_

**IX. NEW OR PHASED SUBDIVISION REFERENCE:**  
 Name \_\_\_\_\_  
 Lot \_\_\_\_\_  
 Block \_\_\_\_\_

CODE \_\_\_\_\_ If other, explain \_\_\_\_\_ Seasonal Condominium Apartment  
**X. PROPOSED USE:** \_\_\_\_\_  
**XI. PAST USE:** \_\_\_\_\_  
**XII. OWNERSHIP:** PUBLIC PRIVATE

**XIII. EST. CONSTRUCTION COST:** 130,000.00 **XIV. GR. SQ. FT. OF LOT BUILDING** \_\_\_\_\_

**COMPLETE XV AND XVI ONLY IF THE NUMBER OF UNITS WILL CHANGE**

<b>XV. RESIDENTIAL BUILDINGS ONLY:</b> # NEW DWELLING UNITS WITH: # EXISTING DWELLING UNITS WITH: BEDROOMS 1 BDRM. 2 BDRMS. 3 BDRMS.	<b>XVI. # RESIDENTIAL UNITS:</b> # NEW DWELLINGS # EXISTING DWELLINGS TOTAL RESIDENTIAL UNITS
--	--

**APPROVALS BY:** DATE \_\_\_\_\_  
 BUILDING INSPECTION - PLAN EXAMINER \_\_\_\_\_  
 ZONING: \_\_\_\_\_  
 C.E.O. \_\_\_\_\_  
 FIRE DEPT. \_\_\_\_\_

**MISCELLANEOUS**  
 Will work require disturbing of any tree on a public street? \_\_\_\_\_  
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? \_\_\_\_\_

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

District No. <u>17</u>	<b>XVII. SIGNATURE OF APPLICANT</b> _____ TYPE NAME OF ABOVE _____ PHONE # _____
---------------------------	--

White-GPCOG Green-Applicant Yellow-Assessor Pink-Office File Gold-Field Inspector

10-30we





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

Date November 10, 1987  
 Receipt and Permit number 22546

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: 91 Lot 4 Tolman Road, Peaks Island

OWNER'S NAME: Robert McTigue ADDRESS: Brackett Avenue

OUTLETS: 91-G-24 FEES  
 Receptacles \_\_\_\_\_ Switches \_\_\_\_\_ Plugmold \_\_\_\_\_ ft. TOTAL 31-60 ..... 5.00

FIXTURES: (number of)  
 Incandescent \_\_\_\_\_ Fluorescent \_\_\_\_\_ (not strip) TOTAL \_\_\_\_\_  
 Strip Fluorescent \_\_\_\_\_ ft. ....

SERVICES:  
 Overhead  Underground \_\_\_\_\_ Temporary \_\_\_\_\_ TOTAL amperes 200 .. 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 1 Water Heaters 1  
 Cook Tops \_\_\_\_\_ Disposals \_\_\_\_\_  
 Wall Ovens \_\_\_\_\_ Dishwashers \_\_\_\_\_  
 Dryers \_\_\_\_\_ Compactors \_\_\_\_\_  
 Fans \_\_\_\_\_ Others (denote) \_\_\_\_\_

TOTAL 2 ..... 3.00

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": (304-16.b) ..... DOUBLE FEE DUE:  
 TOTAL AMOUNT DUE: 11.50

INSPECTION:  
 Will be ready on now, 1987; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: William Flynn  
 ADDRESS: Peaks Island

TEL: 766-2780  
 MASTER LICENSE NO.: 4548 SIGNATURE OF CONTRACTOR: \_\_\_\_\_  
 LIMITED LICENSE NO.: \_\_\_\_\_

*Parkside*  
ELECTRICAL INSTALLATIONS

INSPECTIONS: Service 200 amps by Russ  
Service called in 2/10/88  
Closing-in 2/10/88 by Russ

PROGRESS INSPECTIONS: 2/10/88 M.O.H.  
3/17/88 \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_

Permit Number 22546  
Location 91-11 - Belmont Rd - Parkside  
Owner Walter D. McHugh  
Date of Permit 1/14/88  
Final Inspection 3/17/88  
By Inspector J. Quinn  
Permit Application Registrar Page No. 16

DATE:	REMARKS:
<u>3/17/88</u>	<u>Checked on next visit!</u>

CODE  
COMPLIANCE  
COMPLETED  
DATE 3/17/88

*Parkside*



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

Date April 30, 19 87  
 Receipt and Permit number D 09354

To the Chief Inspector, Portland, Maine:  
 I, the undersigned, 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: Rt. 91-G-24 Tolman Road  
 OWNER'S NAME: Bob McFigue ADDRESS: same

OUTLETS:		FEES
Receptacles	_____	
Switches	_____	
Plugmold	_____	
ft. TOTAL	_____	
<b>FIXTURES:</b> (number of)		
Incandescent	_____	
Flourescent (not strip)	_____	
TOTAL	_____	
Strip Flourescent	_____	
ft.	_____	
<b>SERVICES:</b>		
Overhead	<input checked="" type="checkbox"/>	
Underground	_____	
Temporary	_____	
TOTAL amperes	<u>200</u>	<u>3.00</u>
<b>METERS:</b> (number of)	<u>1</u>	<u>.50</u>
<b>MOTORS:</b> (number of)		
Fractional	_____	
1 HP or over	_____	
<b>RESIDENTIAL HEATING:</b>		
Oil or Gas (number of units)	_____	
Electric (number of rooms)	_____	
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>		
Oil or Gas (by a main boiler)	_____	
Oil or Gas (by separate units)	_____	
Electric Under 20 kws	_____	
Over 20 kws	_____	
<b>APPLIANCES:</b> (number of)		
Ranges	_____	Water Heaters _____
Cook Tops	_____	Disposals _____
Wall Ovens	_____	Dishwashers _____
Dryers	_____	Compactors _____
Fans	_____	Others (denote) _____
TOTAL	_____	
<b>MISCELLANEOUS:</b> (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" (304-16.b) ..... DOUBLE FEE DUE:  
 TOTAL AMOUNT DUE: 3.00 min

**INSPECTION:**  
 Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call   
**CONTRACTOR'S NAME:** William Flynn  
**ADDRESS:** \_\_\_\_\_  
**TEL.:** 766-2780  
**MASTER LICENSE NO.:** 4548 **SIGNATURE OF CONTRACTOR:** \_\_\_\_\_  
**LIMITED LICENSE NO.:** \_\_\_\_\_

