

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

**PROPERTY ADDRESS**

Town Or Plantation: Portland

Street: 194 Howard Drive

Subdivision Lot #: 1965-A-26

**PROPERTY OWNERS NAME**

Last: Coll First: Peter

Applicant Name: Peter Coll

Mailing Address of Owner/Applicant (if Different): 194 Howard Drive, Portland, NJ 0744

PORTLAND 3836 TOWN COPY

Date Permit Issued: 11/17/90

FEE: 90.00

Local Plumbing Inspector Signature: Charles J. Gaudin

L.P.I. # 01123

**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: \_\_\_\_\_ Date Approved: DEC 4 1990

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

1  NEW SYSTEM

2  REPLACEMENT SYSTEM

3  EXPANDED SYSTEM

4  SEASONAL CONVERSION

5  EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

1  NO RULE VARIANCE REQUIRED

2  NEW SYSTEM VARIANCE  
Attach New System Variance Form

REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form

3  Requiring Local Plumbing Inspector Approval

4  Requires 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 IS INSTALLED: \_\_\_\_\_

THE FAILING SYSTEM IS:

1  BED 2  CHAMBER 3  TRENCH 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: 945 SQ FT

ZONING: R1

**TYPE OF WATER SUPPLY**

public water

**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)**

4 bedrooms  
Conservative 600

low volume toilet 60

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: 4 CONDITION: A III

DEPTH TO LIMITING FACTOR: 25

**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 1000 Sq Ft

REGULAR 7 H 20

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

4  OTHER \_\_\_\_\_

**DESIGN FLOW**

540 (GALLONS/DAY)

**SITE EVALUATOR STATEMENT**  SITE EVALUATION WAIVED BY LOCAL OPTION

On \_\_\_\_\_ (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.

Site Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option: \_\_\_\_\_

TOWN COPY

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

<b>PROPERTY ADDRESS</b>		<b>Caution: Permit Required</b> <i>The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Permit Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.</i>
Town Or Plantation	PORTLAND CUSHING ISLAND	
Street	JACKSON BOULEVARD	
Subdivision Lot #	TAX MAP 106C BLOCK A LOT 26	
<b>PROPERTY OWNERS NAME</b>		<b>Caution: Inspection Required</b> <i>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</i>
COLLI	PETER	
Last	First	
Applicant Name:	PETER COLLI	
Mailing Address of Owner/Applicant (If Different)	174 HAWORTH DRIVE HAWORTH NEW JERSEY 07641	
<b>Owner/Applicant Statement</b>		
I certify that the information submitted is correct to the best of my knowledge and understanding. My justification is reason for the Local Plumbing Inspector's Permit.		
Signature of Owner/Applicant: <i>Peter Colli</i> / Date: 8/11/89		Local Plumbing Inspector Signature: <i>AA</i> / Date Approved: _____

PERMIT INFORMATION		
<b>THIS APPLICATION IS FOR:</b> 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	<b>THIS APPLICATION REQUIRES:</b> 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	<b>INSTALLATION IS</b> COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) <b>INDIVIDUALLY INSTALLED COMPONENTS:</b> 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED: _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BTD    3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER    4. <input type="checkbox"/> OTHER _____	<b>DISPOSAL SYSTEM TO SERVE:</b> 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: _____	<b>TYPE OF WATER SUPPLY</b> PUBLIC WATER
SIZE OF PROPERTY: 94,525 SF    ZONING: IR1		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> SEPTIC, <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS.	<b>WATER CONSERVATION</b> 1. <input type="checkbox"/> NONE 2. <input checked="" type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	<b>PUMPING</b> 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS	<b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b> 4 BEDROOM CONSERVATIVE 600 LOW VOLUME - 60 TOILET DESIGN FLOW: 540 (GALLONS/DAY)
<b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b> PROFILE: 4    CONDITION: AIII DEPTH TO LIMITING FACTOR: 25	<b>SIZE RATINGS USED FOR DESIGN PURPOSES</b> 1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRALARGE	<b>DISPOSAL AREA TYPE/SIZE</b> 1. <input type="checkbox"/> RED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER 700* Sq. Ft. <input type="checkbox"/> REGULAR H 20 3. <input type="checkbox"/> TRENCH _____ L in 1/2 Ft 4. <input type="checkbox"/> OTHER: _____	

**SITE EVALUATOR STATEMENT \* USED 28 INFILTRATOR<sup>®</sup> POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION**  SITE EVALUATION WAIVED BY LOCAL OPTION  
 On JUNE 14 1989 (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

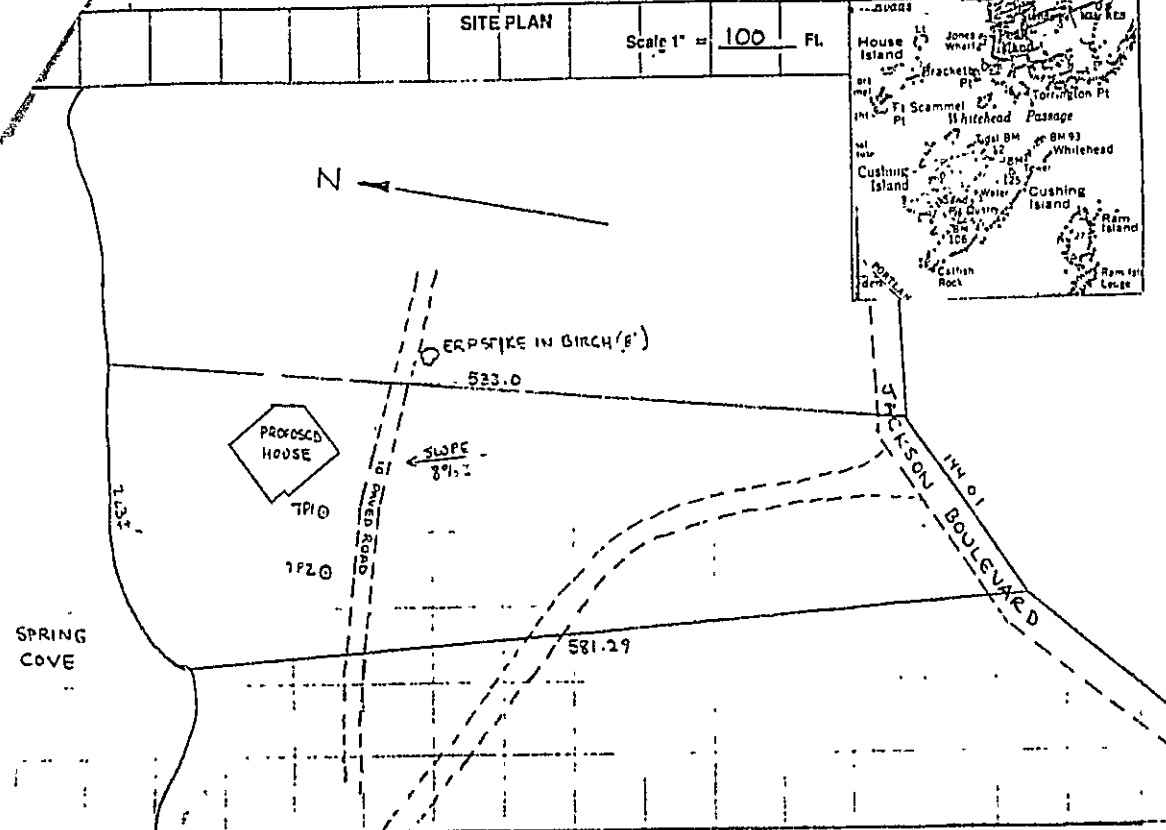
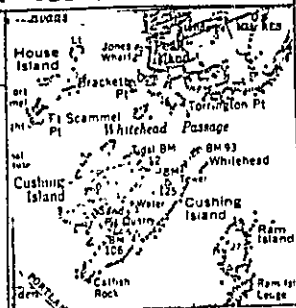
*William B. Jordan*    0003/4814    8/7/89  
 Site Evaluator or Professional Engineer's Signature    SE #    Date

WASTEWATER DISPOSAL SYSTEM APPLICATION Department of Human Services  
Division of Health Engineering

Address: AND CUSHING ISLAND JACKSON BLVD. 106C-A-26 Owners Name: PETER COLLI

SITE PLAN

Scale: 1" = 100' Fl.



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole 2" SOD  Test Pit  Boring  
Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6		LOOSE	DARK BROWN	
6-10	SANDY LOAM		RED BROWN	NONE
10-15				
15-23	LOAMY GRAVEL	SLIGHTLY FRIABLE	LIGHT BROWN	
23-30				
30-40	SILTY GRAVEL		GRAY BROWN	FEW
40-50				
50				

Soil Profile: 4	Classification: C	Slope: 8%	Limiting Factor: 30	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Rooting Layer
				<input type="checkbox"/> Bedrock

Observation Hole 2  Test Pit  Boring  
Depth of Organic Horizon Above Mineral Soil

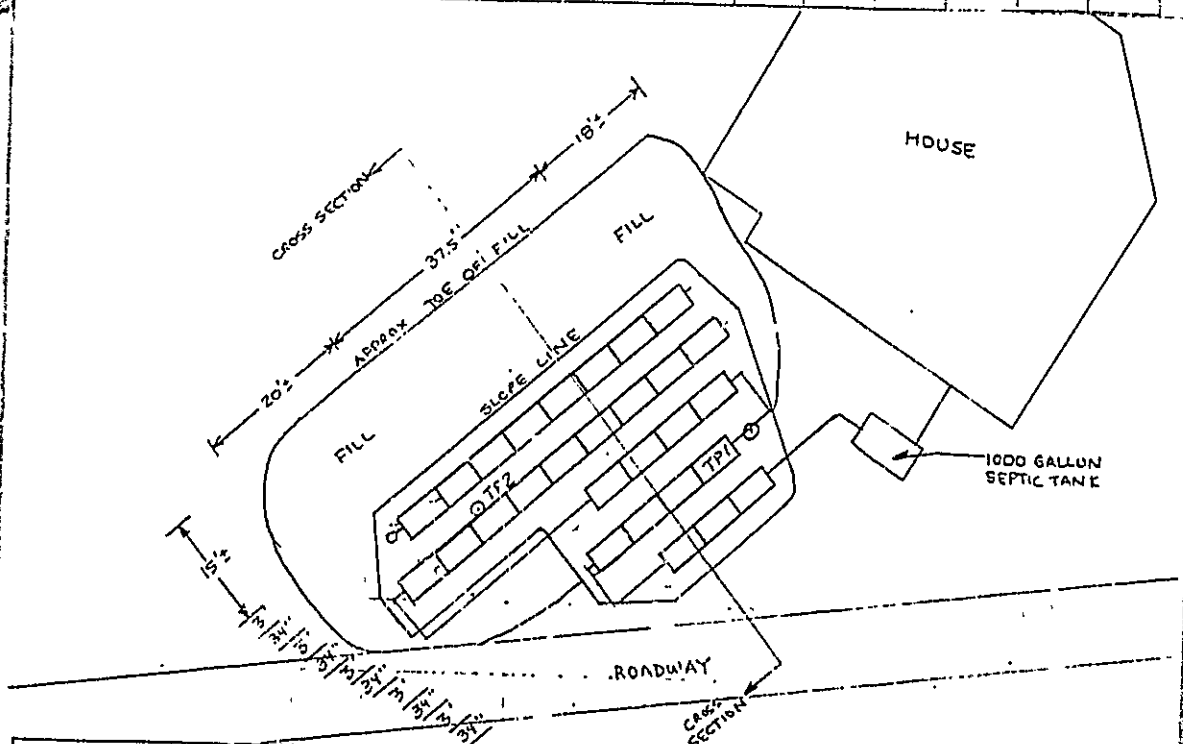
DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-10	SANDY LOAM		DARK BROWN	
10-15		LOOSE		NONE
15-20	LOAMY GRAVEL		RED BROWN	
20-25		SL FRIABLE	LT BROWN	
25-30	SILTY GRAVEL	LOOSE	GRAY BROWN	FEW
30-40				
40-50				
50				

Soil Profile: 4	Classification: AIII	Slope: 8%	Limiting Factor: 25	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Rooting Layer
				<input type="checkbox"/> Bedrock

**FACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

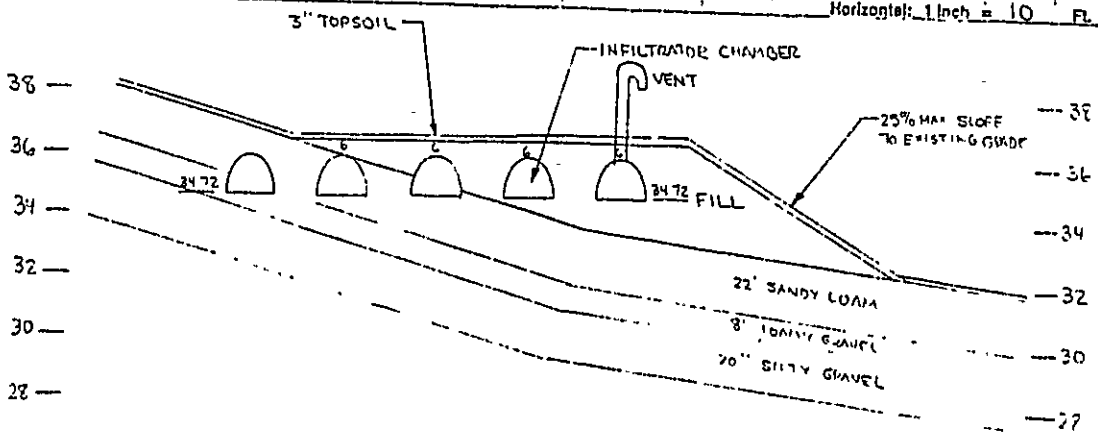
Station	Street, Road, Subdivision	Owners Name
LAND CUSHING ISLAND	JACKSON BLVD 106C-A-26	PETER COLLI
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20 FL.



<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) <u>0</u>	Reference Elevation is <u>46.91</u>	SPIKE IN 8" BIRCH SOUTHERLY OF 10' ROAD OUTSIDE PL.
Depth of Fill (Downslope) <u>38</u>	Bottom of Disposal Area SEE CROSS SECTION	
	Top of Distribution Lines or Chambers SEE CROSS SECTION	

**DISPOSAL AREA CROSS SECTION**

Scale:  
Vertical: 1 inch = 5 FL  
Horizontal: 1 inch = 10 FL



*William B. Gardner*

0003/42111

8/7/89

PERMIT # 012726 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

Please fill out any part which applies to job. Proper plans must accompany form.  
 Owner: Mr. and Mrs. Peter Colli  
 Address: Cushing Island, Maine  
 LOCATION OF CONSTRUCTION Lot #4 Whitehead Passage Subd.  
 CONTRACTOR: Line Lines Cons. SUBCONTRACTORS: 871-7087  
 ADDRESS: 34 West Street, Portland 04102 (Jonathan Knolan)

**For Official Use Only**

Date: August 22, 1989  
 Inside Fire Limits \_\_\_\_\_  
 Bldg Code \_\_\_\_\_  
 Time Limit \_\_\_\_\_  
 Estimated Cost \$190,000  
 Value Structure \_\_\_\_\_  
 Fee: Minor Site Plan - 300.00  
Building fee 0 \$970.00

Subdivision: Yes / No \_\_\_\_\_  
 Name \_\_\_\_\_  
 Lot \_\_\_\_\_  
 Block \_\_\_\_\_  
 Permit Expiration \_\_\_\_\_  
 Ownership: \_\_\_\_\_ Public  
 \_\_\_\_\_ Private

Est. Construction Cost: \$190,000 Type of Use: construct new single family  
 Past Use: \_\_\_\_\_  
 Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories \_\_\_\_\_ Lot Size: \_\_\_\_\_  
 Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_  
 Conversion - Explain Minor site plan - single family to construct new.  
 COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 7545 AARS  
 Residential Buildings Only: 1 construction plan  
 # Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units submitted.

Foundation:  
 1. Type of Soil: \_\_\_\_\_  
 2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_  
 3. Footings Size: \_\_\_\_\_  
 4. Foundation Size: \_\_\_\_\_  
 5. Other \_\_\_\_\_

Floor:  
 1. Sills Size: \_\_\_\_\_ Sills must be anchored.  
 2. Girder Size: \_\_\_\_\_  
 3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_  
 4. Joists Size: \_\_\_\_\_ Spacing 16" O.C.  
 5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 7. Other Material: \_\_\_\_\_

Exterior Walls:  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. No. windows \_\_\_\_\_  
 3. No. Doors \_\_\_\_\_  
 4. Header Size \_\_\_\_\_ Span(s) \_\_\_\_\_  
 5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_  
 6. Corner Posts Size \_\_\_\_\_  
 7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_  
 9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_  
 10. Masonry Materials \_\_\_\_\_  
 11. Metal Materials \_\_\_\_\_

Interior Walls:  
 1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 2. Header Size \_\_\_\_\_ Span(s) \_\_\_\_\_  
 3. Wall Covering Type \_\_\_\_\_  
 4. Fire Wall if required \_\_\_\_\_  
 5. Other Materials \_\_\_\_\_

Ceilings:  
 1. Ceiling Joists Size: \_\_\_\_\_  
 2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_  
 3. Type Ceilings: \_\_\_\_\_  
 4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_  
 5. Ceiling Height: \_\_\_\_\_

Roof:  
 1. Truss or Rafter Size \_\_\_\_\_  
 2. Sheathing Type \_\_\_\_\_  
 3. Roof Covering Type \_\_\_\_\_  
 4. Other \_\_\_\_\_

Chimneys:  
 Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Heating:  
 Type of Heat: \_\_\_\_\_  
 Electrical:  
 Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

Plumbing:  
 1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. No. of Tubs or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures \_\_\_\_\_

Swimming Pools:  
 1. Type: \_\_\_\_\_ Square Footage \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

Zoning:  
 District TR-1 Street Frontage Req: \_\_\_\_\_ Provided \_\_\_\_\_  
 Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_

Review Required:  
 Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shore and Floodplain Mgmt. \_\_\_\_\_ Special Exception \_\_\_\_\_  
 Other (Explain) \_\_\_\_\_  
 Date Approved 9-28-89

Permit Received By Deborah Good

Signature of Applicant P. Colli (print) Date Aug 22, 1989

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

Inspection Dates \_\_\_\_\_

**PERMIT ISSUED WITH LETTER**

White Tax Assessor Yellow-GPCOG White Tag - CEO Copyright GPCOG 1987

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 89-3026

*Jackson Blvd*

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND

Street Sub-division Lot #: WHITE HEADS

**PROPERTY OWNERS NAME**

Last: CONN First: 106B-A-24

Applicant Name: DAN N. STUBBINS

Mailing Address of Owner/Applicant (If Different): 100 ROBERT ST. PORTLAND - OREGON

PORTLAND 3664 TOWN COPY

[Signature] \$ 136.00 FEE

Local Plumbing Inspector Signature L.P.I. # 11213

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is cause for the Local Plumbing Inspector to deny a Permit.

[Signature] Date \_\_\_\_\_

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature] Date Approved: 1/5/90

**PERMIT INFORMATION**

This Application is for:

1.  NEW PLUMBING

2.  RELOCATED PLUMBING

Type Of Structure To Be Served:

1.  SINGLE FAMILY DWELLING

2.  MODULAR OR MOBILE HOME

3.  MULTIPLE FAMILY DWELLING

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

Plumbing To Be Installed By:

1.  MASTER PLUMBER

2.  OIL BURNERMAN

3.  MFG'D. HOUSING DEALER/MECHANIC

4.  PUBLIC UTILITY EMPLOYEE

5.  PROPERTY OWNER

LICENSE # 1927

Hook-Up & Piping Relocation - Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<p><b>HOOK-UP</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.</p> <p><b>OR</b></p> <p><b>HOOK-UP</b> to an existing subsurface wastewater disposal system.</p>	1	Hosebibb / Silcock	2	Bathtub (and Shower)
		Floor Drain	1	Shower (Separate)
		Urinal	2	Sink
		Drinking Fountain	3	Wash Basin
		Indirect Waste	3	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
<p><b>PIPING RELOCATION</b> of sanitary lines, drains, and piping without new fixtures.</p>		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____	1	Water Heater
Hook-Up & Relocation Fee	0.1	Fixtures (Subtotal) Column 2	1.2	Fixtures (Subtotal) Column 1
			1	Fixtures (Subtotal) Column 2
			13	Total Fixtures
			\$	Fixtures
			\$	Hook-Up & Relocation Fee
			\$ 36.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE



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

106C-A-26

Date November 8, 1939, 1939  
 Receipt and Permit number 00760

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: Whitehead Subdivision Cushing Island  
 OWNER'S NAME: Peter Colli ADDRESS: Same

OUTLETS:	FEES
----------	------

Receptacles <u>1</u> Switches _____ Plugmold _____ ft. TOTAL <u>42</u> .....	5.00
--	------

FIXTURES: (number of)	TOTAL	FEES
-----------------------	-------	------

Incandescent <u>14</u> Fluorescent _____ (not strip) TOTAL _____ .....	3.40
--	------

Strip Fluorescent _____ ft. ....	_____
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SERVICES:	TOTAL amperes	FEES
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Overhead <u>X</u> Underground _____ Temporary _____ TOTAL amperes <u>200</u> ..	3.00
---	------

METERS: (number of) <u>1</u> .....	50
------------------------------------	----

MOTORS: (number of)	TOTAL	FEES
---------------------	-------	------

Fractional _____ .....	_____
------------------------	-------

1 H.P. or over _____ .....	_____
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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)	_____
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TOTAL <u>3</u> .....	4.50
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MISCELLANEOUS: (number of)

Branch Panels _____ .....	_____
---------------------------	-------

Transformers _____ .....	_____
--------------------------	-------

Air Conditioners Central Unit _____ .....	_____
---	-------

Separate Units (windows) _____ .....	_____
--------------------------------------	-------

Signs 20 sq. ft. and under _____ .....	_____
--	-------

Over 20 sq. ft. _____ .....	_____
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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:	16.40
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INSPECTION:

Will be ready on Nov, 1939; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: James K. Boehm

ADDRESS: No. Yarmouth, Maine

TEL: 797-9340

MASTER LICENSE NO. 645

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

SIGNATURE OF CONTRACTOR: James K. Boehm

INSPECTOR COPY - WHITE

OFFICE COPY - CANARY

CONTRACTOR'S COPY - GREEN



*Overlump Release*

ELECTRICAL INSTALLATIONS

Permit Number 020850

Location 1418 1/2 St. W. S.W. Atlanta, Ga.

Owner John C. Smith

Date of Permit 11/18/59

Final Inspection [Signature]

By Inspector [Signature]

Permit Application Register Page No. 77

INSPECTIONS: Service \_\_\_\_\_ by \_\_\_\_\_  
Service called in \_\_\_\_\_  
Closing-in \_\_\_\_\_ by \_\_\_\_\_

PROGRESS INSPECTIONS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

DATE:	REMARKS:

RECEIVED  
CONTROL ROOM  
JAN 21 1960

RECTOR  
OFFICE COPY  
INSPCT. 12/15/59

RECTOR  
OFFICE COPY  
INSPCT. 12/15/59





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

106C-A-26

Date 1/25/90, 19  
 Receipt and Permit number 01057

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: Cushing Island  
 OWNER'S NAME: Giorgio Colla ADDRESS: same

	FEES
<b>OUTLETS:</b>	
Receptacles <u>100</u> Switches <u>50</u> Plugmold _____ ft. TOTAL <u>150</u> .....	<u>14.00</u>
<b>FIXTURES:</b> (number of)	
Incandescent <u>25</u> Fluorescent _____ (not strip) TOTAL <u>25</u> .....	<u>4.50</u>
Strip Fluorescent _____ ft. ....	
<b>SERVICES:</b>	
Overhead _____ Underground <input checked="" type="checkbox"/> Temporary _____ TOTAL amperes <u>400</u> ..	<u>6.00</u>
METERS: (number of) <u>1</u> .....	<u>.50</u>
MOTORS: (number of)	
Fractional _____	
1 HP or over _____	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) _____	
Electric (number of rooms) <u>13</u> .....	<u>13.00</u>
<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 _____	
Cook Tops _____	
Wall Ovens _____	
Dryers _____	
Fans _____	
Water Heaters _____	
Disposals _____	
Dishwashers _____	
Compactors _____	
Others (denote) _____	
TOTAL <u>6</u> .....	<u>9.00</u>
<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 _____	
Circuits, Fairs, etc. _____	
Alterations to wires _____	
Repairs after fire _____	
Emergency Lights, battery _____	
Emergency Generators _____	
INSTALLATION FEE DUE: _____	
DOUBLE FEE DUE: _____	
TOTAL AMOUNT DUE: <u>47.00</u>	

INSPECTION: Will be ready on ready 1/30, if \_\_\_\_\_; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: Darrell Plummer  
 ADDRESS: Westbrook

TEL: 854-9543  
 MASTER LICENSE NO. 3850  
 LIMITED LICENSE NO. \_\_\_\_\_

SIGNATURE OF CONTRACTOR:  
Darrell Plummer

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

86612  
 870-1111

