

109B D-40 ?



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date July 3, 1985
Receipt and Permit number D-04095

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: (109-B-28) Cliff Island Cliff Island

OWNER'S NAME: Kathy S. W. ADDRESS: lives there

FEES

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: 3.50

min 5.00

INSPECTION:

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

CONTRACTOR'S NAME: Robert Niles Robert Niles

ADDRESS: Isl. Ave. Peaks Isl.

TEL. _____

MASTER LICENSE NO.: _____ SIGNATURE OF CONTRACTOR: _____

LIMITED LICENSE NO.: 2576

