

- ISLAND AVENUE
109-B-D-11

CLIFF ISLAND -



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date: July 27, 1977
 Receipt and Permit number A10214

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: Lot # 109-B-D-11 Isl. Ave. Cliff Isl.

OWNER'S NAME: William T. Heath ADDRESS: same

OUTLETS: (number of) 1-30

Lights	_____	✓	FEES
Receptacles	_____		
Switches	_____		
Plugmold	_____ (number of feet)		
TOTAL	_____		3.00

FIXTURES: (number of)

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

SERVICES:

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

METERS: (number of) 150

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)

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

MISCELLANEOUS: (number of)

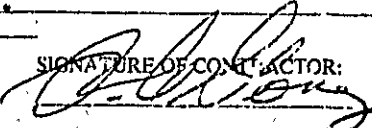
Branch Panels	_____	
Transformers	_____	
Air Conditioners	_____	
Signs	_____	
Fire/Burglar Alarms	_____	
Circuits, Fairs, etc.	_____	
Alterations to wires	_____	
Repairs after fire	_____	
Heavy Duty, 220v outlets	_____	
Emergency Lights, battery	_____	
Emergency Generators	_____	

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT	DOUBLE FEE DUE:	_____
FOR REMOVAL OF A "STOP ORDER" (304-16.b)	_____	
FOR PERFORMING WORK WITHOUT A PERMIT (304-9)	_____	
TOTAL AMOUNT DUE:		<u>6.50</u>

INSPECTION: Will be ready on _____, 19__; or Will Call _____

CONTRACTOR'S NAME: P. A. Gomez
 ADDRESS: Chebeague Isl.
 TEL.: 846-4110

MASTER LICENSE NO.: 46 limited
 LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR:


INSPECTOR'S COPY

