



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date July 22, 1977
 Receipt and Permit number: A 10215

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-E-29 Isl. Ave. Cliff Isl.
 OWNER'S NAME: Cliff Community Center ADDRESS: same

OUTLETS: (number of) 1-30

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

FIXTURES: (number of) _____

Incandescent	_____	<u>3.00</u>
Fluorescent	_____ (Do not include strip fluorescent)	
TOTAL	_____	
Strip Fluorescent, in feet	_____	

SERVICES:

Permanent, total amperes	<u>200</u>	
Temporary	_____	<u>3.00</u>

METERS: (number of) 1 _____ _____

MOTORS: (number of) _____ .50

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)	<u>4</u>	<u>.40</u>

APPLIANCES: (number of)

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

MISCELLANEOUS: (number of)

Branch Panels	<u>2</u>		
Transformers	_____		
Air Conditioners	_____	<u>2.00</u>	
Signs	_____		
Fire/Burglar Alarms	_____		
Circus, Fairs, etc.	_____		
Alterations to wires	_____		
Repairs after fire	_____		
Heavy Duty, 220v outlets	_____		
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:	_____
FOR PERFORMING WORK WITHOUT A PERMIT (304-9)		_____
	TOTAL AMOUNT DUE:	<u>8.90</u>

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

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

MASTER LICENSE NO.: 46 1111 red
 LIMITED LICENSE NO.: _____

SIGNATURE OF CONTRACTOR

INSPECTOR'S COPY

