

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-876 . FAX: 874-8716

Location of Construction: 52 Canco Rd		Owner: Congdon Corp		Phone: 774-5376		Permit No: 951222	
Owner Address: 33 Edgeworth St- Ptd ME 04103		Leasee/Buyer's Name: 103		Phone: 854-45883		Business Name:	
Tractor Name: S Wilson & Sons		Address: Box 1028 - Westbrook ME 04098		Phone: 854-45883		PERMIT ISSUED NOV 20 1995	
Past Use: warehouse w two tanks		Proposed Use: warehouse		COST OF WORK: \$		PERMIT FEE: \$ 20	
Proposed Project Description: remove two u/g tanks		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: 4 Use Group: Type:		Zone: CBL Zoning Approval: 11/20/95	
Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan major <input type="checkbox"/> minor <input type="checkbox"/> minor	
Permit Taken By: L Chae		Date Applied For: 11/17/95					

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

PERMIT ISSUED WITH REQUIREMENTS

- Zoning Appeal
- Variance
 - Miscellaneous
 - Conditional Use
 - Interpretation
 - Approved
 - Denied

- Historic Preservation
- Not in District or Landmark
 - Does Not Require Review
 - Requires Review

- Action:
- Approved
 - Approved with Conditions
 - Denied

Date: **11/20/95**
[Signature]

GEO DISTRICT **6**
A. Rowe

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: *[Signature]* ADDRESS: _____ DATE: **11/17/95** PHONE: **854-4583**

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

ELECTRICAL PERMIT

City of Portland, Me.



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 City of Portland Electrical Ordinance,
 National Electrical code and the following specification:

Date 02 August 1995

LOCATION: 162 Canco Rd

Permit # 3604

OWNER CMP ADDRESS _____

OUTLETS				TOTAL EACH FEE		
FIXTURES	Receptacles	Switches		3	.20	.60
	(number of)					
	Incandescent	fluorescent		15	.20	3.00
	fluoresc " strip				20	
SERVICES						
	Overhead		TTL AMPS TO	800		15.00
	Underground			800		15.00
TEMPORARY SERV						
	Overhead		AMPS OVER	800		25.00
	Underground			800		25.00
METERS	(number of)					1.00
MOTORS	(number of)					1.00
RESID/COM	Electric units			8	2.00	16.00
HEATING	oil/gas units					5.00
APPLIANCES	Ranges	Cook Tops	Wall Ovens			2.00
	Water heaters	Fans	Dryers			2.00
Disposals	Dishwasher	Compactors	Others (denote)			2.00
MISC. (num of)	Air Cond/win					3.00
	Air Cond/cent					3.00
	Signs			3	10.00	30.00
	Pools					5.00
	Alarms/res					10.00
	Alarms/com					5.00
	Heavy Duty					15.00
	Outlets					2.00
	Circus/Carnv					25.00
	Alterations					5.00
	Fire Repairs					15.00
	E Lights					1.00
	E Generators					20.00
	Panels					2.00
TRANSFORMERS	0-25 Kva			2	4.00	8.00
	25-200 Kva					5.00
	Over 200 Kva					8.00
						10.00
				TOTAL AMOUNT DUE		
				MINIMUM FEE		25.00
						57.60

PERMIT WILL BE READY _____

or will call _____

CONTRACTORS NAME BH Milliken

ADDRESS 203 Anderson St

TELEPHONE 879-1877

MASTER LICENSE No. 3604

LIMITED LICENSE No. _____

SIGNATURE OF CONTRACTOR

Bob's Cape for B.H.M.

