

PERMIT # 002393 TOWN OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Lucy Burgess
 Address: 5 Bishop St., Portland 04103
 LOCATION OF CONSTRUCTION: 5 Bishop St.
 CONTRACTOR: Security Services SUBCONTRACTORS: 773-4111
 ADDRESS: PO Box 1002, Portland 04104

Est. Construction Cost: \$1,000 Type of Use: office building
 Past Use: _____
 Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____
 Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____
 Conversion - Explain: to install fire alarm system, as per plan.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE
 Residential Buildings Only
 # Of Dwelling Units _____ # Of New Dwelling Units _____

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 Sizes _____ 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 Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

For Official Use Only

Date: July 18, 1989 Subdivision: Yes / No _____
 Name: _____
 Inside Fire Limits: _____ Lot: _____
 Pldg Code: _____ Block: _____
 Time Limit: _____ Permit Expiration: _____
 Estimated Cost: \$1,000 Ownership: _____ Public: _____
 Value Structure: _____ Private: _____
 Fee: \$25

Ceiling:
 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 Closets or Fixtures _____

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

Zoning:
 District: D2 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: 7/18/89

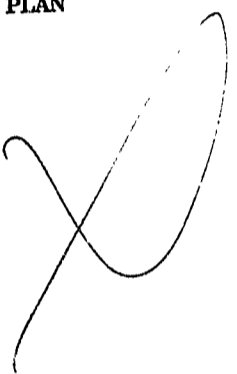
Permit Received By: Nancy Grossman

Signature of Applicant: [Signature] Date: 7/18/89

Signature of CEO: [Signature] Date: 7-26-89

Inspection Dates: _____

PLOT PLAN



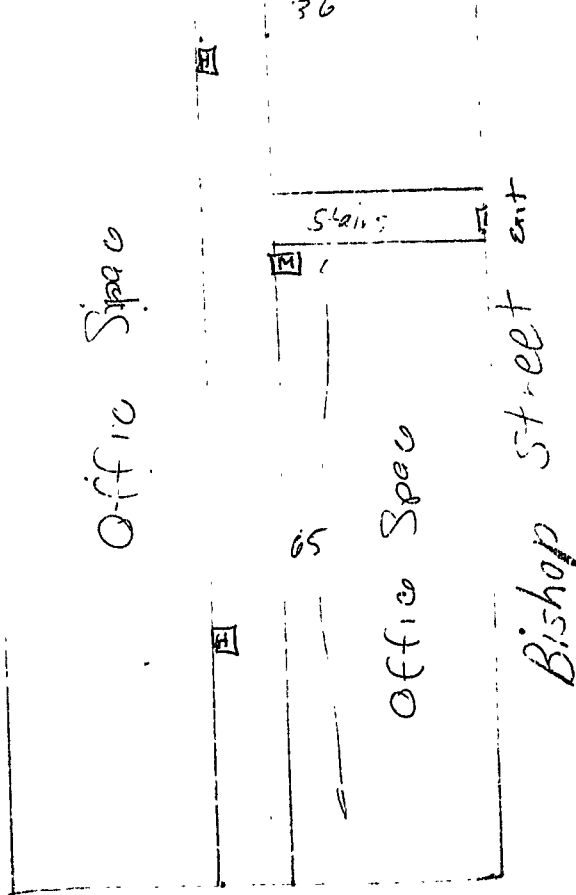
FEES (Breakdown From Front)
Base Fee \$ 25.00 _____
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

Type	Inspection Record	Date
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

COMMENTS

Signature of Applicant *[Handwritten Signature]* Date 7/2/89

- CP - AC/DC Central Panel
- M - manual Alarm Sta
- H - fire Alarm Horn



RECEIVED

JUL 18 1988

DEPT. OF BUILDING INSPECTIONS
CITY OF PORTLAND

2nd floor

5 Bishop St.

PERMIT # **002393**

TOWN OF Portland BUILDING PERMIT APPLICATION

MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: James Burgess

Address: 5 Bishop St., Portland 04103

LOCATION OF CONSTRUCTION 5 Bishop St.

CONTRACTOR: Security Services SUBCONTRACTORS: 773-4111

ADDRESS: PO Box 1002, Portland 04104

Est. Construction Cost \$1,000 Type of Use: office building

Past Use: _____

Building Dimensions L _____ W _____ Sq. Ft. _____ # Stories: _____ Lot Size: _____

Is Proposed Use: _____ Seasonal _____ Condominium _____ Apartment _____

Conversion - Explain to install fire alarm system as per plan.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE

Residential Buildings Only:
Of Dwelling Units _____ # Of New Dwelling Units _____

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 Sizes _____ Span(s) _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size _____
7. Insulation Type _____ Size _____
8. Sheathing Type _____ Size _____ Weather Exposure _____
9. Siding Type _____
10. Masonry Materials _____
11. Metal Materials _____

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

For Official Use Only
Date July 18, 1989
Subdivision: Yes / No _____
Name: _____
Lot: _____
Block: _____
Permit Expiration: _____
Ownership: _____ Public _____ Private _____
Estimated Cost: \$1,000
Value/Structure: _____
Fee: \$25

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

Roof:
1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
Roof Covering Type _____
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: _____
2. Pool Size: _____ x _____ Square Footage _____
3. Must conform to National Electrical Code and State Law.

Zoning:
District _____ 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 _____

Permit Received By Nancy Grossman

Signature of Applicant [Signature] Date 7/18/89

Signature of CEO _____ Date _____

Inspection Dates (2) KT



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 1-8, 1979
 Receipt and Permit number A23175

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: 1190 FORT ST. Ave. 15 Back St.
 OWNER'S NAME: Maine Turnpike Authority ADDRESS: same

OUTLETS:			
Receptacles	Switches	Plugmold	ft. TOTAL
FIXTURES: (number of)			
Incandescent	Flourescent	(not strip)	TOTAL
Strip Flourescent	ft.		
SERVICES:		TOTAL amperes	
Overhead	Underground <input checked="" type="checkbox"/>	Temporary	200
METERS: (number of)			3.00
MOTORS: (number of)			4.00
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			
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:	7.00

INSPECTION: Will be ready on 1-8, 1979; or Will Call _____
 CONTRACTOR'S NAME: Eastern Elec.
 ADDRESS: P.O. Box 346
 TEL.: 772-6762
 MASTER LICENSE NO.: 3279
 LIMITED LICENSE NO.: _____

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

030222

Permit # 030222 City of Portland BUILDING PERMIT APPLICATION Fee \$30 Zone _____ Map # _____

Please fill out any part which applies to job. Proper plans must accompany form.

PERMIT ISSUED
SEP 28 1993

Owner: James L. Burgess Phone # 846-9926
Address: 82 Portland St- Yarmouth, ME 04096
LOCATION OF CONSTRUCTION 5 Bishop St.
Contractor: _____ Sub: _____
Address: _____ Phone # _____
Est. Construction Cost: \$1900 Proposed Use: retail & 7 apts
Past Use: retail & office
of Existing Res. Units _____ # of New Res. Units _____
Building Dimensions L _____ W _____ Total Sq. Ft. _____
Stories: _____ # Bedrooms: _____ Lot Size: _____
Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
Explain Conversion Change of Use from retail/office

For Official Use Only
Subdivision: CITY OF PORTLAND
Date 9/15/93
Inside Fire Limits _____
Bldg Code _____
Time Limit _____
Estimated Cost 1900
Ownership: _____ Public _____ Private _____
Zoning: _____
Street Frontage Provided: _____
Provided Setbacks: Front _____ Back _____ Side _____
Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
Special Exception _____
Other (Explain) _____

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 Sizes _____ 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 Sizes _____ Span(s) _____
3. Wall Covering Type _____
4. Fire Wall if required _____
5. Other Materials _____

Ceiling:
1. Ceiling Joists Size: _____ Spacing _____
2. Ceiling Strapping Size _____ Spacing _____
3. Type Ceilings: _____
4. Insulation Type _____ Size _____
5. Ceiling Height: _____
Roof:
1. Truss or Rafter Size _____ Span _____
2. Sheathing Type _____ Size _____
3. Roof Covering Type _____
Chimneys:
Type: _____ Number of Fire Places _____
Heating:
Type of Heat: _____
Electrical:
Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____
Plumbing:
1. Approval of test if required Yes _____
2. No. of Tubs or Showers _____
3. No. of Sinks _____
4. No. of Lavatories _____
5. No. of Other Fixtures _____
Swimming Pools:
Type: _____
Pool Size: _____ x _____ Square Footage _____
Must conform to National Electrical Code and State Law.

Permit Received By Louise E. Chase
Signature of Applicant James L. Burgess Date 9/15/93
Signature of CEO [Signature] Date 9/15/93
Inspection Dates _____

White-Tax Assesor Yellow-GPCOG White Tag -CEO
© Copyright GPCOG 1988
H MA CARROLL

PERMIT ISSUED
WORK STOP

PERMIT ISSUED
LETTER

Inspection Services
Samuel F. Hoffses
Chief



Planning and Urban Development
Joseph E. Gray Jr.
Director

CITY OF PORTLAND

September 21, 1993

James L. Burgess
82 Portland St
Yarmouth, ME 04096

Re: 5 Bishop St

Dear Mr. Burgess,

This letter is to clarify the authorized use of the property at the above referenced address. My understanding is that the use of this building was a mix of retail and seven (7) residential units. You then applied for a permit to convert to retail and office. This conversion was not completed and you are returning the building to seven (7) residential units on the second floor and retail on the first floor. This is the historic use of the structure and because it was not eliminated, does not require Site Plan and Subdivision review by the City. However, we will continue to process the permit application so as to clarify the use and bring the building into compliance with all other applicable codes and ordinances.

I will take this opportunity to remind you that the second floor cannot be occupied until all the proper permits are granted and a Certificate of Occupancy is issued.

If you have any questions, please do not hesitate to contact this office.

Sincerely,


William D. Giroux
Zoning Administrator

cc: Joseph Gray, Director of Planning and Urban Development
P. Samuel Hoffses, Chief of Inspection Services
Marge Schmuckal, Asst. Chief of Inspection Services
Charles Lane, Associate Corporation Counsel
Lt McDougal, Fire Prevention Bureau
Kevin Carroll, Code Enforcement Officer
Sven Borglund, Chief Electrical Officer

940175

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$25. Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: James L. Burgess Phone # 846-9926
 Address: 82 Portland St- XXXXX XXXXX Yarmouth, ME
 LOCATION OF CONSTRUCTION 5 Bishop St. 04096
 Contractor: _____ Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: 8-dwelling units & 4 retail units
 Past Use: dwelling units/4 retail units
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion Change of Use - from 7 dwlg units/4 retail

PERMIT ISSUED
For Official Use Only
 Date 3/11/94 Subdivision: _____
 Inside Fire Limits _____ Name: 22 1994
 Bldg Code _____ Ownership: _____
 Time Limit _____ Estimated Cost _____
 Zoning: B2
 Street Frontage Provided: _____
 Provided Setbacks: Front _____ Back _____ Side _____
 Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance _____ Site Plan _____ Subdivision _____
 Shoreland Zoning Yes _____ No _____ Floodplain Yes _____ No _____
 Special Exception _____
 Other (Explain) _____
 WDA 23-17-94

Foundation: to 8 dwlg units/4 retail
 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 Sizes _____ 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 Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling: **HISTORIC PRESERVATION**
 1. Ceiling Joists Size: _____ Spacing _____ Not in District nor Landmark.
 2. Ceiling Strapping Size _____ Spacing _____ Does not require review.
 3. Type Ceilings: _____ Size _____ Requires Review.
 4. Insulation Type _____
 5. Ceiling Height: _____
 Roof: *****
 1. Truss or Rafter Size _____ Span _____ Action: Approved _____
 2. Sheathing Type _____ Size _____ Action: Approved with conditions _____
 3. Roof Covering, Type _____
 Chimneys:
 Type: _____ Number of Fire Places _____ Date: _____
 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: _____
 2. Pool Size: _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.
 Permit Received By Louise E. Chase
 Signature of Applicant J.L. Burgess
 Date 3/11/94
 James L. Burgess
 4 James L. Burgess
 CONTINUED TO REVERSE SIDE: [4] M.A. Carroll
 Ivory Tag - CEO

White - Tax Assessor



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 7/23/93, 19
 Receipt and Permit number 3714

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: 6 Bishop St.

OWNER'S NAME: James Burgess ADDRESS: _____

	FEES
OUTLETS:	
Receptacles _____ Switches _____ Plugmold _____ ft. TOTAL _____	
FIXTURES: (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead <input checked="" type="checkbox"/> _____ Underground _____ Temporary _____ TOTAL amperes <u>400</u> ..	<u>15.00</u>
METERS: (number of) <u>7</u> ..	<u>7.00</u>
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 <u>7</u> ..	<u>28.00</u>
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: _____	<u>40.00</u>

INSPECTION:

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

CONTRACTOR'S NAME: LaPlante Elect

ADDRESS: Box 971- Ptd

TEL.: 799-3904

MASTER LICENSE NO.: Michael LaPlante SIGNATURE OF CONTRACTOR:

CONTRACTOR'S LICENSE NO.: #3714 *Michael LaPlante*

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



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date 1 April 1994, 19
 Receipt and Permit number 12585

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: 5 Bishop St
 OWNER'S NAME: James Burgess ADDRESS: _____

	FEES
OUTLETS:	
Receptacles <u>16</u> Switches <u>6</u> Plugmold _____ ft. TOTAL _____	4.40
FIXTURES: (number of)	
Incandescent <u>4</u> Fluorescent _____ (not strip) TOTAL _____	.80
Strip Fluorescent _____ ft. _____	
SERVICES:	
Overhead _____ Underground _____ Temporary _____ TOTAL amperes _____	
METERS: (number of) _____	
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 _____ x _____ Water Heaters _____	
Cook Tops _____ Disposals _____	
Wall Ovens _____ Dishwashers _____	
Dryers _____ Compactors _____	
Fans _____ x _____ Others (denote) _____	
TOTAL _____	4.00
MISCELLANEOUS: (number of)	
Branch Panels <u>1</u> _____	4.00
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 aft fire _____	
Emergency Lights, battery _____	
Emergency Generator _____	
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: _____	15.00

INSPECTION:
 Will be ready on _____, 19__; or Will Call xx
CONTRACTOR'S NAME: John Quimby
ADDRESS: 31 Friar Lane Cumberland Ctr, ME 04021
TEL.: 829-6445
MASTER LICENSE NO.: _____ **SIGNATURE OF CONTRACTOR:**
LIMITED LICENSE NO.: _____ *John Quimby*

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

