

Lot #93-E-15 ISLAND AVE.,  
LONG ISLAND

ord  
753 1/2



STATE OF MAINE  
DEPARTMENT OF HEALTH AND WELFARE  
AUGUSTA, MAINE 04330

RECEIVED  
AUG 5 1975  
DEPT. OF BLDG INSP.  
CITY OF PORTLAND

DAVID E. SMITH  
COMMISSIONER

August 4, 1975

Robert W. Andrews  
66 Farnham Street  
Portland, ME 04103

Subject: Waiver to Maine Plumbing Code, Part II, Robert Andrews Property,  
Lot No. 93-E16 and Majorie E. Glynn Property, Lot No. 93-E17,  
Long Island, Portland

Dear Sir:

This will acknowledge receipt of a plan plus soils information by Theodore Rand, P.E., showing the proposed sewage disposal system for the subject project. It appears to be in compliance with the Maine Plumbing Code, Part II except for the location of disposal field on an adjacent lot, the reason for your waiver request.

After a review of the information submitted, we find that before final approval can be granted the following conditions must be met:

1. The HHE-200 form must be signed by yourself (page 1 and 2).
2. The enclosed Application and Agreement form must be signed by yourself and the Local Plumbing Inspector.
3. The statement by Mrs. Glynn giving permission for the sink waste disposal bed from your camp to be located on her lot must be in the form of a deed easement, a copy of which should be submitted to this office. This is for the protection of both parties.

When the above is resubmitted we will review for final approval.

Yours very truly,

*for* *Russell S. Martin*  
W. Clough Toppan, Sanitary Engineer  
Plans and Standards Review  
Division of Health Engineering

RGM/mm  
cc: Erno R. Goodwin, LPI  
enc.

*20 00*  
*3 00*  

---

*23.00*

*Under*



STATE OF MAINE  
DEPARTMENT OF HEALTH AND WELFARE  
AUGUSTA, MAINE 04330

DAVID E. SMITH  
COMMISSIONER

August 28, 1975

Robert W. Andrews  
66 Farnham Street  
Portland, ME 04103

Subject: Waiver to Maine Plumbing Code, Part II, Robert Andrews Property,  
Lot No. 93-E16 and Majorie E. Glynn Property, Lot No. 93-E17,  
Long Island, Portland

Dear Sir:

This letter is in response to your resubmission of the HHE-200 form and Application and Agreement form with the signatures requested in our letter of August 4, 1975.

In consideration of the plan dated June 21, 1975, and recommendations by Mr. Rand, this office will grant the responsible Local Plumbing Inspector the right to waive certain provisions of the Maine Plumbing Code for the following disposal system under authority of Section 2 14:

1. The installation of a 5' X 5' special disposal bed to handle sink wastes only. Black wastes will be handled by a compost toilet. This approval assumes no water under pressure supplied to the camp.
2. The disposal bed shall be located on the adjacent lot of Mrs. Majorie E. Glynn, as shown on page 2 of the submitted HHE-200 form.
3. In all other respects the installation is to comply with the Maine Plumbing Code, Part II, Private Sewage Disposal Regulations.

Final approval is subject to submission of a complete HHE-200 form and permit by the Local Plumbing Inspector before the construction of this system. The inspector is to be notified before covering the work, and the work is to be left uncovered until his inspection. He shall be supplied with copies of approved plans for his reference at inspection. Approval is also subject to any local ordinances.

Yours very truly,

*for Russell B. Thaxter*  
W. Clough Toppan, Sanitary Engineer  
Plans and Standards Review  
Division of Health Engineering

RGM/mm  
cc: Erno R. Goodwin, LPI  
enc.

Full Title: Robert W. Andrews, Sole Trustee 1/410 Mary B. Schofield,  
 ORIGINAL - To be sent to Division of Health Engineering, Augusta, Maine 04330

MAINE DEPARTMENT OF HEALTH AND WELFARE  
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT (For systems disposing of less than 2000 gallons per day) This is NOT a permit, this form when completed must be presented to the Local Plumbing Inspector to obtain a permit Page 1 of 2

Town: Portland Street, Road etc: Island Ave Permit No: \_\_\_\_\_ Date: \_\_\_\_\_  
 If on water body give name: CASCO BAY

Owner of property: Robert W. Andrews Owner's address: 66 Farnham St Portland 04103 Size of lot: 6500  Sq feet  Acres

Name & type of establishment if other than private home: \_\_\_\_\_ Is lot Zoned?  Yes  No Type of Zoning:  Residential  Commercial  Resource Protection

Name of applicant: Same as above Owner's agent: \_\_\_\_\_ If you plan to use a previous subdivision approval in the site investigation, please submit one of the following:  
 Dred restriction to private sewage disposal  
 Copy of the subdivision's soils report  
 Soil's report from a State Agency

Applicant's address: \_\_\_\_\_ Street, Box, etc: \_\_\_\_\_ Tel No: 797-6943

Town: Maine Subdivision name: \_\_\_\_\_ Lot No: 93-E-16 (Assessor)

Applicant's signature: Robert W. Andrews Trustee Date: Aug 9, 1975

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application is for:  New System  Expanded System  Replacement System  Replacement of  Treatment Tank Only  Disposal Area Only

The water supply for this property is:  Dug well, depth 15', lining Steel  Drilled well, depth \_\_\_\_\_, lining \_\_\_\_\_, Spring   
 Surface water  Body,  \_\_\_\_\_ without disinfectant  Public Utility, name \_\_\_\_\_

**SITE INVESTIGATION** Show location of pits and/or borings on sketch on page 2, and refer to completed sample form and Chapter 4 of the Code, II

Thickness and description of each soil strata encountered	Soil Profile No	Soil Profile No	Soil Profile No	Soil Profile No	Soil Profile No
	<input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring
Organic strata <u>Topsoil</u>	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata
Inches <u>7"</u>	Inches	Inches	Inches	Inches	Inches
1st strata <u>Brown Sand &amp; Gravel</u>	1st strata	1st strata	1st strata	1st strata	1st strata
Inches <u>30"</u>	Inches	Inches	Inches	Inches	Inches
2nd strata <u>Sand</u>	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata
Inches <u>10"</u>	Inches	Inches	Inches	Inches	Inches
3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata
Inches	Inches	Inches	Inches	Inches	Inches
Depth from surface of ground to	Total Depth of observation hole Inches <u>37"</u>	Total Depth of observation hole inches	Total Depth of observation hole inches	Total Depth of observation hole inches	Total Depth of observation hole inches
	Max Ground water table—mottling <input checked="" type="checkbox"/> None Evident	Max Ground water table—mottling <input type="checkbox"/> None Evident	Max Ground water table—mottling <input type="checkbox"/> None Evident	Max Ground water table—mottling <input type="checkbox"/> None Evident	Max Ground water table—mottling <input type="checkbox"/> None Evident
	Impervious layer, clay, etc <input checked="" type="checkbox"/> None Evident	Impervious layer, clay, etc <input type="checkbox"/> None Evident	Impervious layer, clay, etc <input type="checkbox"/> None Evident	Impervious layer, clay, etc <input type="checkbox"/> None Evident	Impervious layer, clay, etc <input type="checkbox"/> None Evident
	Bedrock <input checked="" type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident	Bedrock <input type="checkbox"/> None Evident
Surface slope <u>5%</u>	Surface slope %	Surface slope %	Surface slope %	Surface slope %	
Soil Group & Condition per Table 9.1 of the Code, II	<u>(C-6)</u>				

On 6-21-75 (date), a site investigation for this project was completed. I supervised this soil evaluation and certify that the results indicated above best represent the soil conditions and I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature: Thomas Orant Registration/Certification Number: PE # 1573 Date signed: \_\_\_\_\_

Soil Scientist  Geologist  Soil Engineer  Other, must show current letter of certification to LPI

**PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED** Show location of system and details on sketches on page 2, and refer to completed sample form

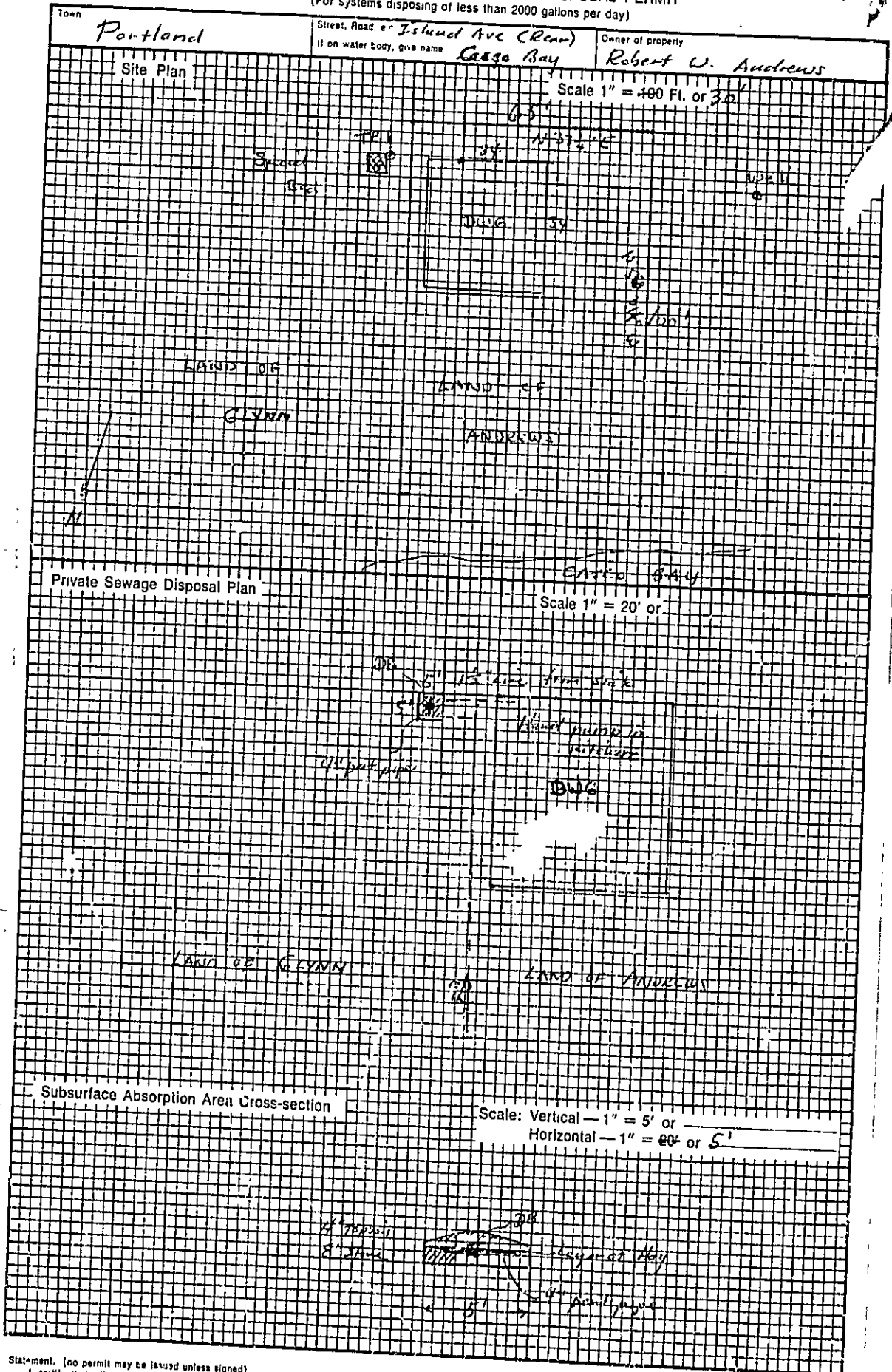
SYSTEM	TREATMENT TANK	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION
		Type	SIZE	
<input type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input checked="" type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input checked="" type="checkbox"/> Other, describe: <u>Bioret</u> <u>PO Box 135</u> <u>Nashboro Rq 15072</u> See Chapter 9 of the Code, II	<input type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer— Size in gallons  <input type="checkbox"/> Aerobic Tank Manufacturer— Model No Size in gallons	<input type="checkbox"/> Trench System Total trench length _____ <input type="checkbox"/> Bed System length _____ width _____ <input type="checkbox"/> Chamber System No. chambers _____ <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Cluster <input type="checkbox"/> Type B	<input checked="" type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	Fill is— <input type="checkbox"/> required, <input checked="" type="checkbox"/> not required Fill will be _____ inches deep  <b>DETAILS</b> <input checked="" type="checkbox"/> A Distributor Box is required Pumping is— <input type="checkbox"/> required, <input type="checkbox"/> is not required The Dose will be _____ gallons  <b>DISTANCES</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The proposed subsurface absorption area will be located at least 150 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook, stream, river), swamps, marshes, and bogs <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No The proposed subsurface absorption area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies
		<input type="checkbox"/> Mound System Length _____ Width _____ at base <input checked="" type="checkbox"/> Special System Length <u>5'</u> Width <u>5'</u> <input type="checkbox"/> Non discharge System Bed Length _____ Width _____ Holding Tank Size _____ Gal Manufacturer _____ <input type="checkbox"/> Alarm device provided, type _____		

PROPERTY/LOT LOCATION MAP

FOR THE USE OF LPI ONLY

Denial: Application is denied for following reasons, portions of the Code II are cited  
 Form is incomplete (\_\_\_\_ pg) as to  General info,  Site Investigation,  System Proposed,  
 Site Plan,  Disposal System Plan  Cross Section,  Statement See Section 23  
 Site Investigation indicates site is  totally unsuitable for disposal system, Sections 4.5 and 9.5, Table 9.1 Group 9 and 10  unsuitable for system proposed, Sections 4.3, 4.6, 9.5, Table 9.1  
 System Proposed does not conform to Code; See Sections 9  
 Site Investigation indicates site modifications are necessary, See Sections  4.3,  4.4,  9.5,  8.7,  
 Miscellaneous See Section 7.10A with condition specified, comply with \_\_\_\_\_  
 Acceptance: Application for permit is approved \_\_\_\_\_ with condition \_\_\_\_\_  
 without condition \_\_\_\_\_  
 Signed LPI: [Signature] Date: 7/27/75 HHE 200 7174

ORIGINAL — To be sent to Division of Health Engineering, Augusta, Maine 04330  
 MAINE DEPARTMENT OF HEALTH AND WELFARE  
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT  
 (For systems disposing of less than 2000 gallons per day)



Statement. (no permit may be issued unless signed)  
 I certify that all the information submitted to be true and correct; and I understand that issuance of a permit is based upon the information and plans submitted by the Applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

Signature Required \_\_\_\_\_  
 Date x August 3, 1975  
 Applicant \_\_\_\_\_  
 Owner Robert W. Andrews

DUPLICATE--To be retained by the Plumbing Inspector

MAINE DEPARTMENT OF HEALTH AND WELFARE APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		(For systems disposing of less than 2000 gallons per day)	This is NOT a permit, this form when completed must be presented to the Local Plumbing Inspector to obtain a permit		Page 1 of 2
Town <i>Portland</i>	Street, Road, etc <i>Island Ave</i>	Permit No.	Date		
Owner of property <i>Robert W Andrews</i>		Owner's address <i>66 Elmwood St Portland</i>	Size of lot <i>6500</i>	<input type="radio"/> Sq feet <input type="radio"/> Acres	
Name & type of establishment if other than private home		Is lot Zoned? <input type="radio"/> Yes <input type="radio"/> No	Type of Zoning	<input type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Resource Protection	
Name of applicant Owner's agent <i>Same as above</i>		If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="radio"/> Deed restriction re private sewage disposal <input type="radio"/> Copy of the subdivision's soils report <input type="radio"/> Soils report from a State Agency		Subdivision name	
Applicant's address Street, Bns, etc		Tel No. <i>797-6443</i>		Ltt No. <i>93-E-16</i> (Assessor)	
Town		Date		Date	
Applicant's signature		Date		Date	
Owner's signature		Date		Date	

This application is for  New System  Expanded System  Replacement System  Treatment Tank Only  Disposal Area Only

The water supply for this property is  Dug well, depth \_\_\_\_\_ lining \_\_\_\_\_  Drilled well, depth \_\_\_\_\_ lining \_\_\_\_\_  Spring  \_\_\_\_\_

depth \_\_\_\_\_ lining \_\_\_\_\_; For use:  Water  Body,  Sewage,  Handwashing,  \_\_\_\_\_  Without disinfection  Public Utility, name \_\_\_\_\_

SITE INVESTIGATION Show location of pits and/or borings on sketch on page 2, and refer to completed sample form and Chapter 4 of the Code, II

Soil Profile No.	Soil Profile No.		Soil Profile No.		Soil Profile No.		Soil Profile No.		
	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	
Organic strata <i>Topsoil</i>	Inches	7"	Organic strata	Inches	Organic strata	Inches	Organic strata	Inches	
1st strata <i>Brown Sand &amp; Gravel</i>	Inches	2"	1st strata	Inches	1st strata	Inches	1st strata	Inches	
2nd strata <i>Sand</i>	Inches	10"	2nd strata	Inches	2nd strata	Inches	2nd strata	Inches	
3rd strata	Inches		3rd strata	Inches	3rd strata	Inches	3rd strata	Inches	
Total Depth of observation hole inches <i>37'</i>		Total Depth of observation hole Inches		Total Depth of observation hole Inches		Total Depth of observation hole Inches		Total Depth of observation hole Inches	
Max. Ground water table—mottling <input type="radio"/> None Evident		Max. Ground water table—mottling <input type="radio"/> None Evident		Max. Ground water table—mottling <input type="radio"/> None Evident		Max. Ground water table—mottling <input type="radio"/> None Evident		Max. Ground water table—mottling <input type="radio"/> None Evident	
Impervious layer, clay, etc. <input type="radio"/> None Evident		Impervious layer, clay, etc. <input type="radio"/> None Evident		Impervious layer, clay, etc. <input type="radio"/> None Evident		Impervious layer, clay, etc. <input type="radio"/> None Evident		Impervious layer, clay, etc. <input type="radio"/> None Evident	
Bedrock <input type="radio"/> None Evident		Bedrock <input type="radio"/> None Evident		Bedrock <input type="radio"/> None Evident		Bedrock <input type="radio"/> None Evident		Bedrock <input type="radio"/> None Evident	
Surface slope <i>1%</i>		Surface slope %		Surface slope %		Surface slope %		Surface slope %	
Soil Group & Condition per Table 9-1 of the Code, II <i>(B-6)</i>		Soil Group & Condition per Table 9-1 of the Code, II		Soil Group & Condition per Table 9-1 of the Code, II		Soil Group & Condition per Table 9-1 of the Code, II		Soil Group & Condition per Table 9-1 of the Code, II	

On *12-21-75* (date), a site investigation for this project was completed. I supervised this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature *William W. Wood*  
Registration/Certification Number *PE-#1573*  
Date signed \_\_\_\_\_

Soil Scientist  
 Geologist  
 Soil Engineer  
 Other, must show current letter of certification to LPI

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED Show location of system and details on sketches on page 2, and refer to completed sample form

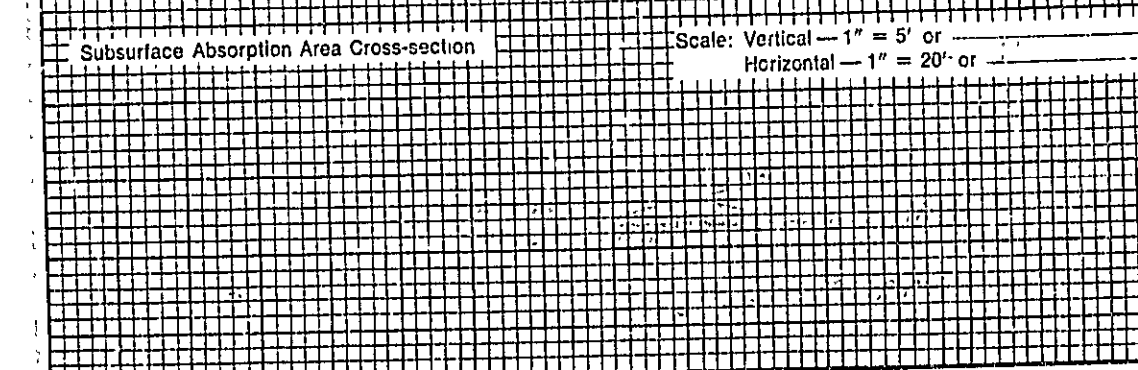
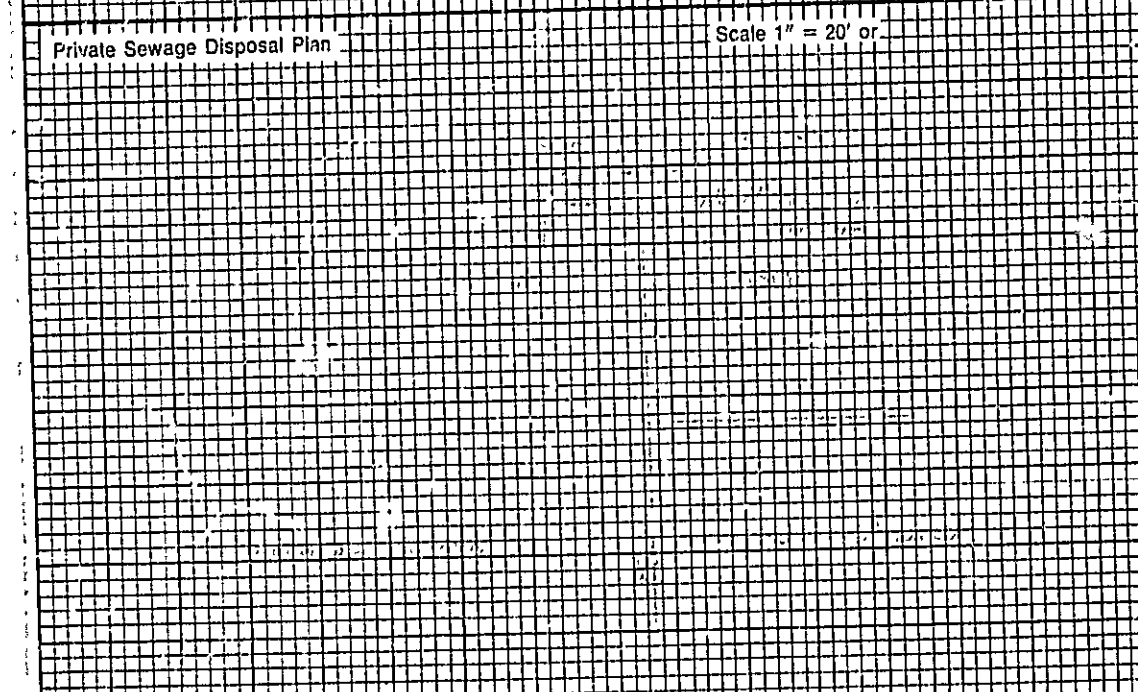
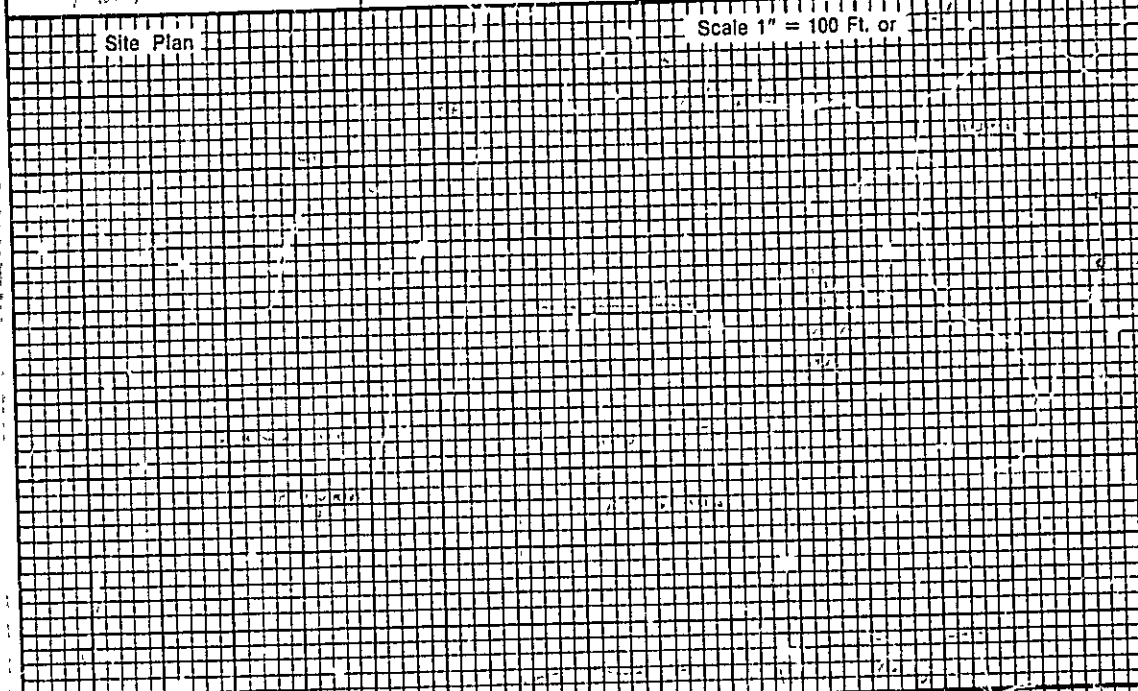
SYSTEM: <input type="radio"/> COMBINED SYSTEM <input type="radio"/> SEPARATED SYSTEM If separated system—type of human waste disposal system to be used <input type="radio"/> Sealed Vault Privy <input type="radio"/> Open Pit Privy <input type="radio"/> Compost Toilet <input type="radio"/> Incinerator Toilet <input type="radio"/> Chemical Toilet <input checked="" type="radio"/> Other, describe <i>Bioret Model 13 Manufacturer, 19032</i> See Chapter 9 of the Code, II	TREATMENT TANK: <input type="radio"/> Septic Tank <input type="radio"/> Concrete <input type="radio"/> Fiberglass <input type="radio"/> Metal Manufacturer— Size in gallons  <input type="radio"/> Aerobic Tank Manufacturer— Model No. Size in gallons	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION: Fill is— <input type="radio"/> required, <input checked="" type="radio"/> not required Fill will be _____ inches deep  DETAILS <input checked="" type="radio"/> A Distribution Box is required Pumping is— <input type="radio"/> required, <input type="radio"/> is not required The Dose will be _____ gallons  DISTANCES <input type="radio"/> Yes <input type="radio"/> No. The proposed subsurface absorption area will be located at least 100 feet from any and all wells; springs; surface water bodies and courses (lake, pond, ocean, brook, stream, river); swamps; marshes; and bogs  <input checked="" type="radio"/> Yes <input type="radio"/> No. The proposed subsurface absorption area will be located at least 200 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.
		Type <input type="radio"/> Trench System: Total trench length _____ <input type="radio"/> Bed System Length _____ Width _____ <input type="radio"/> Chamber System Number _____ <input type="radio"/> Type A <input type="radio"/> Single File <input type="radio"/> Type F <input type="radio"/> Cluster <input type="radio"/> Mound System Length _____ Width _____ at base <input checked="" type="radio"/> Special System Length <i>5'</i> Width <i>5'</i> <input type="radio"/> Non discharge System Bed Length _____ Width _____ Holding Tank Size _____ Gal Manufacturer _____ <input type="radio"/> Alarm device provided, type _____	SIZE <input checked="" type="radio"/> Very Small <input type="radio"/> Small <input type="radio"/> Medium <input type="radio"/> Medium Large <input type="radio"/> Large <input type="radio"/> Extra Large	

PROPERTY/LOT LOCATION MAP  
*Island Ave*  
*LONG ISLAND*

FOR THE USE OF LPI ONLY  
 Denial Application is denied for following reasons; portions of the Code II are cited Form is incomplete ( \_\_\_\_\_ pg ) as to  General Info,  Site Investigation,  System Proposed,  Site Plan,  Disposal System Plan,  Cross Section,  Statement. See Section 2-4.  
 Site Investigation indicates that it is totally unsuitable for disposal system; Sections 4.5 and 9-1, Table D-1 Group 9 and 10.  Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1.  
 System Proposed does not conform to Code; See Sections 9. \_\_\_\_\_  
 Site Investigation indicates site modifications are necessary; See Sections:  4.3,  4.4,  6,  8,  \_\_\_\_\_  
 Miscellaneous \_\_\_\_\_  
 Acceptance: Application for permit is approved with condition specified; comply with \_\_\_\_\_  
 without condition \_\_\_\_\_  
Signature LPI *[Signature]* Date *12-17-75*  
See Section *9-104 with waiver*  
*William W. Wood*  
HHE-200-7174

DUPLICATE — To be retained by the Plumbing Inspector  
 MASS. DEPARTMENT OF HEALTH AND WELFARE  
 APPLICANT: [Name] FOR PRIVATE SEWAGE DISPOSAL PERMIT  
 (For systems disposing of less than 2000 gallons per day)

Town <i>Plymouth</i>	Street, Road, etc. (If on water body, give name) <i>1000 [unclear] [unclear]</i> <i>LaSalle Blvd</i>	Owner of property <i>[unclear]</i>
-------------------------	--	---------------------------------------



HHE 200 7/74

Statement. (no permit may be issued unless signed)

I certify that all the information submitted to be true and correct, and I understand the issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

Signature Required

Date \_\_\_\_\_

Applicant \_\_\_\_\_

Owner \_\_\_\_\_



**APPLICATION FOR PERMIT**  
**DEPARTMENT OF BUILDING INSPECTIONS SERVICES**  
**ELECTRICAL INSTALLATIONS**

Date Aug. 12, 19 75  
 Receipt and Permit number A03134

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: 93-E-16 Island Ave. Long Island

OWNER'S NAME: Robert Andrews ADDRESS: Same

**OUTLETS: (number of)**

Lights	_____	
Receptacles	_____	FEES
Switches	_____	
Plugload	_____ (number of feet)	
<b>TOTAL</b>	_____	_____

**FIXTURES: (number of)**

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

**SERVICES:**

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

**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 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)	_____
<b>TOTAL</b>	_____		_____

**MISCELLANEOUS: (number of)**

Branch Panels	_____
Transformers	_____
Air Conditioners	_____
Signs	_____
Fire/Burglar Alarms	_____
Circus, Fairs, etc.	_____
Alterations to wires	_____
Repairs after fire	_____
Heavy Duty, 220v outlets	_____
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) ..... \_\_\_\_\_

FOR PERFORMING WORK WITHOUT A PERMIT (304-9) ..... \_\_\_\_\_

**TOTAL AMOUNT DUE: 3.00**

**INSPECTION:**

Will be ready on \_\_\_\_\_, 19\_\_\_\_; or Will Call X

CONTRACTOR'S NAME: Roy Ferguson

ADDRESS: Long Island

TEL.: 5988X 766-2843

MASTER LICENSE NO.: 2933

SIGNATURE OF CONTRACTOR:

LIMITED LICENSE NO.: \_\_\_\_\_

Roy A. Ferguson

INSPECTOR'S COPY



