



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

Date February 4, 1991  
 Receipt and Permit number 01093

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: 181 Island Avenue Peaks Island  
 OWNER'S NAME: Brad Berkholder ADDRESS: Same

OUTLETS:	Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL _____	FEE\$ _____
FIXTURES: (number of)	Incandescent _____	Flourescent _____	(not strip) TOTAL _____		
	Strip Flourescent _____	ft. _____			
SERVICES:	Overhead <input checked="" type="checkbox"/> _____	Underground _____	Temporary _____	TOTAL amperes <u>200</u>	<u>15.00</u>
METERS: (number of)	<u>2</u>				<u>2.00</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 kw, _____	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 _____				
	Repair after fire _____				
	Emergency Lights, battery _____				
	Emergency Generators _____				

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... INSTALLATION FEE DUE:  
 FOR REMOVAL OF A "STOP ORDER" (304-10 a) ..... DOUBLE FEE DUE:  
 TOTAL AMOUNT DUE: 17.00

INSPECTION:  
 Will be ready on NOW, 1991; or Will Call \_\_\_\_\_  
 CONTRACTOR'S NAME: William Flynn  
 ADDRESS: Peaks Island, Maine 04108  
 TEL.: 766-2780  
 MASTER LICENSE NO.: 4548 SIGNATURE OF CONTRAC OR: \_\_\_\_\_  
 LIMITED LICENSE NO.: \_\_\_\_\_

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





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

Date Dec. 29, 1975, 19\_\_  
 Receipt and Permit number A 11646

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 NN-7-37 Island Ave., Peaks Island  
 OWNER'S NAME: Marius J. Broekhuzen ADDRESS: \_\_\_\_\_

OUTLETS: (number of)  
 Lights \_\_\_\_\_  
 Receptacles \_\_\_\_\_  
 Switches \_\_\_\_\_  
 Plugmold \_\_\_\_\_ (number of feet)  
 TOTAL \_\_\_\_\_ FEES \_\_\_\_\_

FIXTURES: (number of)  
 Incandescent \_\_\_\_\_  
 Fluorescent \_\_\_\_\_ (Do not include strip fluorescent)  
 TOTAL \_\_\_\_\_  
 Strip Fluorescent, in feet \_\_\_\_\_

SERVICES:  
 Permanent, total amperes \_\_\_\_\_  
 Temporary \_\_\_\_\_

METERS: (number of) \_\_\_\_\_

MOTORS: (number of)  
 Fractional \_\_\_\_\_  
 1 HP or over \_\_\_\_\_

RESIDENTIAL HEATING:  
 Oil or Gas (number of units) \_\_\_\_\_  
 Electric (number of rooms) 5 \_\_\_\_\_ 5.00

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

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" (304-10 b) ..... \_\_\_\_\_  
 FOR PERFORMING WORK WITHOUT A PERMIT (304-9) ..... \_\_\_\_\_  
 TOTAL AMOUNT DUE: 5.00

INSPECTION:  
 Will be ready on \_\_\_\_\_, 19\_\_; or Will Call \_\_\_\_\_

CONTRACTOR'S NAME: Edmond Corcoran  
 ADDRESS: 18 Oak Lane, PI  
 TEL.: \_\_\_\_\_

MASTER LICENSE NO.: 2620  
 LIMITED LICENSE NO.: \_\_\_\_\_  
 SIGNATURE OF CONTRACTOR: Edmond P. Corcoran

INSPECTOR'S COPY





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

Date 20 Oct 74, 1974  
 Receipt and Permit number 11256

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: Island Ave CMP Pole #57  
 OWNER'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

OUTLETS:		FEE	
Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL _____
<b>FIXTURES: (number of)</b>			
Incarescent _____	Flourescent _____	(not strip) TOTAL _____	
Strip Flourescent _____	ft. _____		
<b>SERVICES:</b>			
Overhead _____	Underground _____	Temporary _____	TOTAL amperes _____
<b>METERS: (number of)</b>			\$15.00
<b>MOTORS: (number of)</b>			\$1.00
Fractional _____			
1 HP or over _____			
<b>RESIDENTIAL HEATING:</b>			
Oil or Gas (number of units) _____			
Electric (number of rooms) _____			
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>			
Oil or Gas (by a main boiler) _____			
Oil or Gas (by separate units) _____			
Electric Under 20 kws _____	Over 20 kws _____		
<b>APPLIANCES: (number of)</b>			
Ranges _____	Water Heaters _____		
Cook Tops _____	Disposals _____		
Wall Ovens _____	Dishwashers _____		
Dryers _____	Compactors _____		
Fans _____	Others (denote) _____		
<b>TOTAL _____</b>			
<b>MISCELLANEOUS: (number of)</b>			
Branch Panels _____			
Transformers _____			
Air Conditioners Central Unit _____			
Separate Units (windows) _____			
Signs 20 sq. ft. and under _____			
Over 21 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 _____			
Repair 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: 16.00**

**INSPECTION:**  
 Will be ready on Ready, 1<sup>st</sup> \_\_\_\_\_ or Will Call \_\_\_\_\_  
**CONTRACTOR'S NAME:** Ron Masters  
**ADDRESS:** 19 Cole Rd Raymond  
**TEL:** 428-3711  
**MASTER LICENSE NO.:** 11256  
**LIMITED LICENSE NO.:** \_\_\_\_\_  
**SIGNATURE OF CONTRACTOR:**  
Ronald Masters

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



912911

Permit # 912911 City of Portland BUILDING PERMIT APPLICATION Fee \$45.00 Zone \_\_\_\_\_ Map # \_\_\_\_\_ Lot # \_\_\_\_\_  
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Portland Public Schools Phone # 874-8126

Address: 331 Veranda St., Ptd., ME 04104

LOCATION OF CONSTRUCTION Island Ave., P.I. (P.I. School)

Contractor: L.A. Profenno Co., Inc.

Address: P.O. Box 1417, Scarborough 04074 Phone # 883-3020

Est. Construction Cost: \_\_\_\_\_ Proposed Use: Replace 1000 gal w/2500 gal oil tank

\_\_\_\_\_ Past Use: 1000 gal tank

# of Existing Res. Units \_\_\_\_\_ # of New Res. Units \_\_\_\_\_

Building Dimensions L \_\_\_\_\_ W \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

# Stories: \_\_\_\_\_ # Bedroom: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Is Proposed Use: Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Conversion \_\_\_\_\_

Explain Conversion Replace 1000 gal. oil tank w/2500 gal oil tank

**For Official Use Only**

Subdivision Name \_\_\_\_\_

Blg Code \_\_\_\_\_

Time Limit \_\_\_\_\_

Estimated Cost \_\_\_\_\_

DATE: 8-1-91

NAME: AUG 12 1991

CITY OF PORTLAND

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) \_\_\_\_\_

**PERMIT ISSUED**

**AUG 12 1991**

**CITY OF PORTLAND**

**HISTORIC PRESERVATION**

**Foundations:**

1. Type of Soil: \_\_\_\_\_

2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_

3. Footings Size: \_\_\_\_\_

4. Foundation Size: \_\_\_\_\_

5. Other \_\_\_\_\_

**Floors:**

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: \_\_\_\_\_

2. Ceiling Strapping Size \_\_\_\_\_ Spacing \_\_\_\_\_ Not in District nor Landmark

3. Typ. Ceilings: Yes \_\_\_\_\_ No \_\_\_\_\_ Does not require review

4. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_

5. Ceiling Height: \_\_\_\_\_

**Roof:**

1. Truss or Rafter Size \_\_\_\_\_ Span \_\_\_\_\_ Action: Approved

2. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_ Approved with Conditions

3. Roof Covering Type \_\_\_\_\_

**Chimneys:**

Type: \_\_\_\_\_ Number of Fire Places \_\_\_\_\_

Date: 8/1/91

**Heating:**

Type of Hcs: \_\_\_\_\_

**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 Rec. Kate Barker

Signature of Applicant Louis Profenno Date 8/1/91

Signature of CEO \_\_\_\_\_ Date \_\_\_\_\_

Inspection Dates \_\_\_\_\_

**PERMIT ISSUED WITH REQUIREMENTS**

**PERMIT ISSUED WITH REQUIREMENTS**

# PLUMBING APPLICATION

Department of Human Services  
 Division of Health Engineering  
 (207) 239-1326

MISC

## PROPERTY ADDRESS

Town Or Plantation: ISLAND DR  
 Street Subdivision Lot #: PEAKS ISLAND  
 PROPERTY OWNERS NAME: BOH REALTY TRUST  
 Last: First  
 Applicant Name: PAUL K  
 Mailing Address of Owner Applicant (if Different): 50 ELLIOTT ST

PORTLAND 4,39 TOWN COPY  
 Date: 12-10-92  
 FEE: \$1111  
 License # 011291  
 Chief Plumbing Inspector

### Owner/Applicant Statement:

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: Paul K Date: 12-10-92

### Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with applicable Plumbing Rules.

Signature of Chief Plumbing Inspector: Arthur Rowe Date Approved: 8-3-92

## PERMITS INFORMATION

This Application is for:

- 1.  NEW PLUMBING
- 2.  RELOCATED PLUMBING

Type of Structure To Be Served:

- 1.  SINGLE FAMILY DWELLING
- 2.  MODULAR OR MOBILE HOME
- 3.  MULTIPLE FAMILY DWELLING
- 4.  OTHER - SPECIFY \_\_\_\_\_

Plumbing To Be Installed By:

- 1.  MASTER PLUMBER
- 2.  OIL BURNERMAN
- 3.  MFG'D HOUSING DEALER/MECHANIC
- 4.  PUBLIC UTILITY EMPLOYEE
- 5.  PROPERTY OWNER

LICENSE # 121591

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<b>HOOK-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> <b>HOOK-UP:</b> to an existing subsurface wastewater disposal system.		Hose/bb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste		Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
<b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures.		Grease/Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
Number of Hook-Ups & Relocations		Other: _____		Water Heater
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
			1	Total Fixtures
			\$	Fixture Fee
			\$	Hook-Up & Relocation Fee
			\$ 6.00	Permit Fee (Total)



Inspection Services  
Samuel P. Hoffes  
Chief



Planning and Urban Development  
Joseph E. Gray Jr.  
Director

CITY OF PORTLAND

December 8, 1974


RE: 242 Island Ave., P.I.

Mrs. Anita Edwards  
242 Island Ave.  
Peaks Island, Maine 04108

Dear Mrs. Edwards,

An inspection of the existing plumbing in your hair salon at the above address meets with all State of Maine plumbing codes.

Sincerely,

  
Arthur Rowe  
Code Enforcement Officer  
Certification #641

/el



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

Date 13 Dec 94, 19\_\_  
 Receipt and Permit number 7448

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: Island Ave Peaks Island  
 OWNER'S NAME: Jackson Service Center ADDRESS: \_\_\_\_\_

OUTLETS:	FEES
Receptacles <u>6</u> Switches <u>1</u> Plugmold _____ % TOTAL _____	1.40
FIXTURES: (number of)	
Incandescent <u>1</u> Fluorescent _____ (not strip) TOTAL _____	.20
Strip fluorescent _____ ft. _____	
SERVICE	
On _____ k Underground _____ Temporary _____ TOTAL amp peres <u>100</u>	15.00
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) _____	
Elect. Under 20 kw. _____ Over 20 kw. _____	
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, 270 Volt (such as welders) 30 amps and under _____	
over 30 amper _____	
Circuits, repairs, 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" (304-16.3) _____ DOUBLE FEE DUE _____	
TOTAL AMOUNT DUE. _____	16.60

INSPECTION:  
 Will be ready on 12-19, 19\_\_; or Will Call \_\_\_\_\_  
 CONTRACTOR'S NAME: Paul ERICO  
 ADDRESS: 85 Elizabeth St Peaks Island, ME  
 TEL. 766-2482  
 MASTER LICENSE NO.: 7448 SIGNATURE OF CONTRACTOR: Paul ERICO  
 LIMITED LICENSE NO. \_\_\_\_\_

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

ELECTRICAL INSTALLATIONS

Permit Number 7448

Location 1510 N. P St

Owner W. S. Smith

Date of Permit 1-21-57

Final Inspector [Signature]

By Inspector [Signature]

Permit Application Registered Permit No. 7448

INSPECTIONS: Start 12-19-56 at 8B

Level: 11' 30" H 71'

Closing: \_\_\_\_\_

PROGRESS INSPECTIONS: \_\_\_\_\_

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City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction Island Ave/Alder Brook Rd (P.I.)		Owner Tuttle, Walt & Jane		Phone	Permit No: 951156
Owner Address:		Leasee/Buyer's Name:		Phone:	Business Name:
Contractor Name: Loddy Builders		Address: 64 Eastern Prom Ptld,		Phone: 871-8083	Permit Issued: NOV - 8 1995
Proposed Use: 1-fam		COST OF WORK: \$ 123,785.00		PERMIT FEE: \$86,700./ 455.00	
Proposed Project Description: Construct 1-fam dwelling on existing foundation		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Signature:		Signature:		Zoning: CGL-085-N-010	
Permit Taken By: Mary Grosik		Date Applied For: 31 October 1995		Zoning Approval: <i>Foundation permit reviewed by 15-000</i>	

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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.

*Call Paul  
871-8083  
for file*

**PERMIT ISSUED WITH LETTER**

**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: *Paul Loddy* ADDRESS: DATE: 31 Oct 95 PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE

Zoning Approval:

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: *11/3/95*

CEO DISTRICT: **5**

White-Permit Desk Green-Assessor's Canary-0311 Pink-Public File Ivory-Card-Inspector

# PLUMBING APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 269-3828

## PROPERTY ADDRESS

Town Or Plantation: ISLAND TOWN  
Street: PELIKES ISLAND  
Subdivision Lot #: 15

## PROPERTY OWNERS NAME

Applicant Name: JACKSON First SUNDEN

Mailing Address of Owner/Applicant (if Different): 585-617-036-11 ST

AND 5302 TOWN COPY

\$ 16.00 FEE  Local Fee Charged

L.P.L. # 0134

Local Plumber, Inspector Sign. etc

### Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit

Signature of Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Arthur Rowe  
Local Plumbing Inspector Signature

9-27-95  
Date Approved

## PERMIT INFORMATION

<b>This Application is for</b>	<b>Type Of Structure To Be Served:</b>	<b>Plumbing To Be Installed By:</b>
1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER — SPECIFY <u>GARAGE</u>	1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER / MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>1-2-0-5-9</u>

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.  <b>OR</b> HOOK-UP to an existing subsurface waste water disposal system		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures		Urinal		Sink
		Drinking Fountain		Wash Basin
Number of Hook-Ups & Relocations: _____ Hook-Up & Relocation Fee: \$ _____		Indirect Waste		Wet Closets (Toilet)
		Water Treatment Softener/Filter		Clothes Washer
<b>OR</b> TRANSFER FEE (\$6.00)		Grease / Oil Separator		Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		<b>Fixtures (Subtotal) Column 2</b>		<b>Fixtures (Subtotal) Column 1</b>
		\$ <u>16</u>		\$ <u>16</u>
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE				
		<b>Fixtures (Subtotal) Column 2</b>		<b>Fixtures (Subtotal) Column 1</b>
		\$ <u>16</u>		\$ <u>16</u>
		<b>Transfer Fee</b>		<b>Transfer Fee</b>
		\$ _____		\$ _____
		<b>Hook-Up &amp; Relocation Fee</b>		<b>Hook-Up &amp; Relocation Fee</b>
		\$ _____		\$ _____
		<b>Final Fee (Total)</b>		<b>Final Fee (Total)</b>
		\$ <u>16</u>		\$ <u>16</u>

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: Corner of Island Ave/Welch Sts		Owner: City of Portland		Phone:		Permit No: <b>951173</b>	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Lionel Plante Assoc.		Address: 98 Island Ave Peaks, Isl, ME		Phone: 04108		766-2508	
Past Use: Sidewalk		Proposed Use: Same w/signage		COST OF WORK: \$		PERMIT FEE: \$ 31.00	
Proposed Project Description: Erect Signage 30 sq ft		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type BOCA 93 Signature: [Signature]		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>  <b>NOV - 8 1995</b> </div>	
Signature:		PEDESTRIAN ACTIVITIES DISTRICT (V.P.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>ON THE CITY PROPERTY - A COMMUNITY BD</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>Not private</i> <input type="checkbox"/> Wetland <i>property - no</i> <input type="checkbox"/> Flood Zone <i>Zone - issues</i> <input type="checkbox"/> Subdivision <i>11/8/95 - 2-9</i> <input type="checkbox"/> Site Plan major <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: Mary Gresik		Date Applied For: 26 Sept 95		Signature:		Date:	

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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.

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: *9/27/95*

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

*Catherine Plante*  
SIGNATURE OF APPLICANT Catherine Plante ADDRESS: \_\_\_\_\_

26 Sept 95

DATE:

PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_

PHONE: \_\_\_\_\_

CEO DISTRICT *ve*  
*A. Lowe*

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