

ELECTRICAL PERMIT

City of Portland, Maine

To the 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's Electrical Ordinances, National Electrical Code and the following specifications:



Date: 1/13/2015
 Permit #: 2015 00062
 CBL#: 028 J013

ADDRESS: 76 INDIA ST METER MAKE/MODEL #: _____
 CMP Work Order #: _____ OWNER: EVAN MINTYRE
 TENANT: _____ PHONE #: _____

PLEASE HAVE YOUR PERMIT # (OR JOB ID) READY & CALL 874-8703 TO SCHEDULE AN INSPECTION! TOTAL EACH FEE

OUTLETS:	Receptacles	Switches	Smoke Detector		0.20
FIXTURES:	Incandescent	Flourescent	Strips		0.20
SERVICES:	<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground	<input checked="" type="checkbox"/> TTL Amps <800		15.00
			<input type="checkbox"/> TTL Amps >800		25.00
TEMPORARY SERVICE:	<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground	TTL Amps		25.00
METERS:	<u>3</u> (Number of)				1.00
MOTORS:	(Number of)				2.00
RESID/COMMER:	Electric Units				1.00
HEATING:	Oil/Gas Units	<input type="checkbox"/> Interior	<input type="checkbox"/> Exterior		5.00
APPLIANCES:	Ranges	Cook Tops	Wall Ovens		2.00
	Insta-hot	Water Heaters	Fans		2.00
	Dryers	Disposals	Dishwasher		2.00
	Compactors	Spa	Washing Machine		2.00
	Others (denote)				2.00
MISC. (# of):	Air Cond (Window)				3.00
	Air Cond (Central)		Pools		10.00
	HVAC	EMS	Thermostat		5.00
	Signs				10.00
	Alarms/Resident				5.00
	Alarms/Commer				15.00
	Heavy Duty (CRKT)				2.00
	Alterations				5.00
	Fire Repairs				15.00
	Emergency Lights				1.00
	Emer Generators				20.00
	Circus/Carnival				25.00
PANELS:	<u>3</u> Service <u>200 R</u>	<input type="checkbox"/> Remote	<input type="checkbox"/> Main		4.00
TRANSFORMER:	<input type="checkbox"/> 0-25 Kva				5.00
	<input type="checkbox"/> 25-200 Kva				8.00
	<input type="checkbox"/> Over 200 Kva				10.00

MINIMUM COMMERCIAL FEE: \$55.00 **MINIMUM RESIDENTIAL FEE: \$45.00**

Brief Description of work: REWIRE 3 HOURS **TOTAL DUE:** _____

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CONTRACTOR INFORMATION:
 Contractor Name: MICHAEL GOAN Master License #: 03069
 Address: 133 SACO RD STANBISH Limited License #: _____
 Telephone & E Mail: 6423962

Contractor Signature: [Signature]

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CBL:

