

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 specifications:

Date FEB 4, 09
 Permit # 20094673
 CBL# 30A1

LOCATION: PORTHOLE RESTAURANT METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER OLIVER KIETHLY
 TENANT 86 Commercial ST. PHONE # _____

TOTAL EACH FEE

OUTLETS	25	Receptacles	5	Switches		Smoke Detector	.20	6.00
FIXTURES	6	Incandescent	8	Fluorescent		Strips	.20	2.80
SERVICES		Overhead		Underground		TTL AMPS <800	15.00	
		Overhead		Underground		TTL AMPS >800	25.00	
Temporary Service		Overhead		Underground		TTL AMPS	25.00	
							25.00	
METERS		(number of)					1.00	
MOTORS	5	(number of)					2.00	10.00
RESID/COM		Electric units					1.00	
HEATING		oil/gas units		Interior		Exterior	5.00	
APPLIANCES		Ranges		Cook Tops		Wall Ovens	2.00	
		Insta-Hot		Water heaters	4	Fans	2.00	8.00
		Dryers		Disposals	1	Dishwasher	2.00	2.00
		Compactors		Spa		Washing Machine	2.00	
MISC. (number of)		Others (denote)					2.00	
		Air Cond/win					3.00	
		Air Cond/cent				Pools	10.00	
		HVAC		EMS		Thermostat	5.00	
		Signs					10.00	
		Alarms/res					5.00	
		Alarms/com					15.00	
		Heavy Duty(CRKT)					2.00	
		Circus/Carnv					25.00	
		Alterations					5.00	
	Fire Repairs					15.00		
	8	E Lights				1.00	8.00	
		E Generators				20.00		
PANELS		Service		Remote		Main	4.00	
TRANSFORMER		0-25 Kva					5.00	
		25-200 Kva					8.00	
		Over 200 Kva					10.00	
TOTAL AMOUNT DUE								
MINIMUM FEE/COMMERCIAL 55.00							MINIMUM FEE	45.00

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FEB - 6 2009

CONTRACTORS NAME JEFFREY M. LEARY MASTER LIC. # MS 6001 9385
 ADDRESS 124 MITCHELL RD. SO PORT. LIMITED LIC. # _____
 TELEPHONE 939-9207

SIGNATURE OF CONTRACTOR Jeffrey M. Leary

ELECTRICAL INSTALLATIONS

Permit Number _____

Location _____

Owner _____

Date of Permit _____

Final Inspection _____

By Inspector _____

INSPECTION: Service _____ by _____

Service called in _____

Closing-in 03/18/09 by [Signature]

PROGRESS INSPECTIONS: 03/21/09 / [Signature] / _____

DATE:

REMARKS:

03/18/09

Kitchen ceilings only

03/31/09

Dinning area ceilings & walls only

100 A 03

MINIMUM FEE	45.00
TOTAL AMOUNT DUE	45.00

CONTRACTORS NAME: _____
 ADDRESS: _____
 TELEPHONE: _____

SIGNATURE OF CONTRACTOR: _____
 TITLE: _____