

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: 12/6/13
 Permit #: 201302692
 CBL#: 031 L 034

ADDRESS: 250 Commercial St METER MAKE/MODEL #: _____
 CMP Work Order #: _____ OWNER: IN Finiti
 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 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:	(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
	1 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:	<input type="checkbox"/> Service	<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

RECEIVED
DEC 06 2013
 Dept. of Building Inspections
 City of Portland Maine

CBL:

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

Brief Description of work: _____ **TOTAL DUE:** _____

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CONTRACTOR INFORMATION:
 Contractor Name: Joson Electric Master License #: MS60015110
 Address: 94 Ash Swamp Rd Scarborough Limited License #: _____
 Telephone & E Mail: 883-8025 no 84074 call 671-2484

Contractor Signature: _____

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