

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: 12-31-13

Permit #: 2013 02803

CBL#: 032 W010

ADDRESS: 420 Forest St 2nd Floor METER MAKE/MODEL #: _____

CMP Work Order #: _____ OWNER: Joe Soley

TENANT: Joe's Pizzeria and Bar 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:	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
	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 checked="" 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 31 2013
Dept. of Building Inspections
City of Portland Maine

MINIMUM COMMERCIAL FEE: \$55.00 **MINIMUM RESIDENTIAL FEE: \$45.00** **TOTAL DUE:** _____

Brief Description of work: _____

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CONTRACTOR INFORMATION:

Contractor Name: Sanderson Electric Master License #: 15120
 Address: 10 Wisher Drive Gorham Me Limited License #: _____
 Telephone & E Mail: 207 838 7413

Contractor Signature: [Signature]

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CBL :