

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: _____

Permit #: 2013-0271049

CBL#: 36-I 37

ADDRESS: 401 CUMBERLAND METER MAKE/MODEL #: _____

CMP Work Order #: _____ OWNER: BACIS BAY TOWERS

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	32	Flourescent	32	Strips <u>ROPE LIGHTS</u>	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 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

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

Brief Description of work: REPLACE OLD FIXTURES **TOTAL DUE:**

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CONTRACTOR INFORMATION:

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

Contractor Signature: Michael Goan

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CBL: