

ELECTRICAL PERMIT

City of Portland, Me.



Thurs -

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 4/8/09
 Permit # 44-F10
 CBL# 2009-4179

LOCATION: 85 Park St. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT Joe Bruno PHONE # _____

44 F10

							TOTAL EACH FEE		
OUTLETS	<u>30</u>	Receptacles	<u>50</u>	Switches	<u>4</u>	Smoke Detector		.20	
FIXTURES	<u>8</u>	Incandescent		Fluorescent		Strips		.20	
SERVICES		Overhead		Underground		TTL AMPS <800		15.00	
		Overhead		Underground		>800		25.00	
Temporary Service		Overhead		Underground		TTL AMPS		25.00	
METERS		(number of)						1.00	
MOTORS		(number of)						2.00	
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		Fans		2.00	
		Dryers		Disposals	<u>1</u>	Dishwasher		2.00	
		Compactors		Spa		Washing Machine		2.00	
		Others (denote)						2.00	
	MISC. (number of)		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	
		E Lights						1.00	
		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	

DEPT. OF PLANNING & PERMITTING
 CITY OF PORTLAND, MAINE
 APR - 8 - 2009

CONTRACTORS NAME Macisso Electric MASTER LIC. # 07055
 ADDRESS 20 Bismark St Portland LIMITED LIC. # _____
 TELEPHONE 329-7596
 SIGNATURE OF CONTRACTOR John Macisso

ELECTRICAL INSTALLATIONS—

Permit Number _____

Location _____

Owner _____

Date of Permit _____

Final Inspection _____

By Inspector _____

INSPECTION: Service _____ by _____

Service called in _____

Closing-in Appaloosa by MA

PROGRESS INSPECTIONS: _____ / _____ / _____

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DATE:

REMARKS:

Handwritten notes and signatures on the right side of the table.

TOTAL AMOUNT DUE
MINIMUM FEE

CONTRACTORS NAME
ADDRESS
TELEPHONE

CONTRACTOR'S SIGNATURE

Write Copy - Office
Yellow Copy - Applicant