

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 #: 2013-0170

CBL#: 48-E-11

ADDRESS: 106 Sherman St METER MAKE/MODEL #: _____

CMP Work Order #: _____ OWNER: _____

TENANT: Christopher Beth / Lori Eschholz PHONE #: _____

PLEASE HAVE YOUR PERMIT # (OR JOB ID) READY & CALL 874-8703 TO SCHEDULE AN INSPECTION!

						TOTAL EACH FEE	
OUTLETS:	20	Receptacles	10	Switches	3	Smoke Detector	0.20
FIXTURES:	6	Incandescent		Flourescent		Strips	0.20
SERVICES:		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):	1	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:		Service	<input checked="" type="checkbox"/>	Remote	<input type="checkbox"/>	Main	4.00
TRANSFORMER:		0-25 Kva					5.00
		25-200 Kva					8.00
		Over 200 Kva					10.00

RECEIVED

SEP 25 2013

Dept. of Building Inspections
City of Portland Maine

CBL :

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

Brief Description of work: electrical rough in of master bedroom **TOTAL DUE:** _____

bathroom + storage

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CONTRACTOR INFORMATION:

Contractor Name: Jason Lebrun Master License #: M560820526

Address: 168 brook st Sanford ME Limited License #: _____

Telephone & E Mail: 707-206-4089

Contractor Signature: Jason Lebrun

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