

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

# PERMIT

Permit Number: 081397

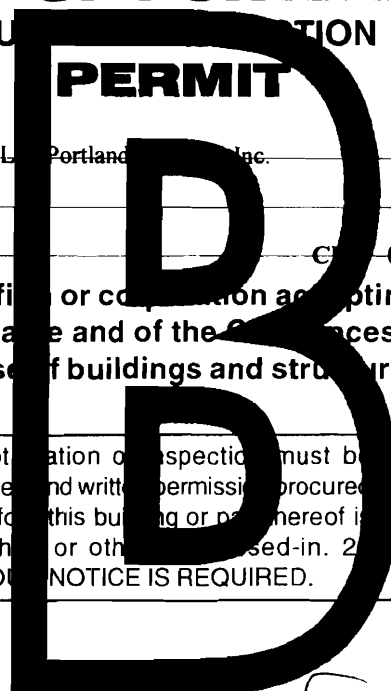
Please Read Application And Notes, If Any, Attached

This is to certify that BEH REDEVELOPMENT LLC Portland, Inc.

has permission to Apartment Remodel

AT 20 HILL ST C# 054 C001001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.



Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is lath or other work is used-in. 24 HOUR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

### OTHER REQUIRED APPROVALS

Fire Dept. \_\_\_\_\_  
Health Dept. \_\_\_\_\_  
Appeal Board \_\_\_\_\_  
Other \_\_\_\_\_

Department Name \_\_\_\_\_

*[Signature]*  
11/4/28  
Director - Building & Inspection Services

**PENALTY FOR REMOVING THIS CARD**

**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 08-1397	<b>Date Applied For:</b> 10/30/2008	<b>CBL:</b> 054 C001001
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<b>Location of Construction:</b> 20 HILL ST	<b>Owner Name:</b> BEH REDEVELOPMENT LLC	<b>Owner Address:</b> 17 CHESTNUT ST	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Portland Builders, Inc.	<b>Contractor Address:</b> P.O. Box 4902 Portland	<b>Phone</b> (207) 879-0118
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Alterations - Duplex	

<b>Proposed Use:</b> 2 Family Home - Apartment remodel	<b>Proposed Project Description:</b> Apartment Remodel
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<b>Dept:</b> Zoning	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Ann Machado	<b>Approval Date:</b> 10/31/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> <li>1) This permit is being issued with the understanding that all the work is taking place within the existing footprint including the replacement of the rear platform.</li> <li>2) This property shall remain a two family dwelling. Any change of use shall require a separate permit application for review and approval.</li> <li>3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.</li> </ol>			
<b>Dept:</b> Building	<b>Status:</b> Approved with Conditions	<b>Reviewer:</b> Tammy Munson	<b>Approval Date:</b> 11/06/2008
<b>Note:</b>			<b>Ok to Issue:</b> <input checked="" type="checkbox"/>
<ol style="list-style-type: none"> <li>1) All penetrations between dwelling units and dwelling units and common areas shall be protected with approved firestop materials, and recessed lighting/vent fixtures shall not reduce the (1 hour) required rating.</li> <li>2) The basement is NOT approved as habitable space. A code compliant 2nd means of egress must be installed in order to change the use of this space.</li> <li>3) Hardwired interconnected battery backup smoke detectors shall be installed in all bedrooms, protecting the bedrooms, and on every level.</li> <li>4) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.</li> </ol>			

<b>Comments:</b> 11/3/2008-amachado: Left message for Peter Bass. Is replacement platform on the left rear side same size as existing? Does not appear to be.
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# City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

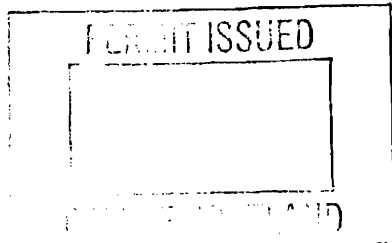
Permit No: 08-1397	Issue Date:	CBL: 054 C001001
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Location of Construction: 20 HILL ST	Owner Name: BEH REDEVELOPMENT LLC	Owner Address: 17 CHESTNUT ST	Phone:
Business Name:	Contractor Name: Portland Builders, Inc.	Contractor Address: P.O. Box 4902 Portland	Phone: 2078790118
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Duplex	Zone: R1

Past Use: 2 Family Home	Proposed Use: 2 Family Home - Apartment remodel	Permit Fee: \$680.00	Cost of Work: \$65,250.00	CEO District: 2
<p><i>Legal use: 2 du. per per 1987 assessor's card.</i></p>		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>N/A</i>	INSPECTION: Use Group: <i>R-3</i> Type: <i>SB</i> <i>TBC 2003</i>	
Proposed Project Description: Apartment Remodel		Signature: <i>[Signature]</i>		
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		

Permit Taken By: Idobson	Date Applied For: 10/30/2008	<b>Zoning Approval</b>	
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<p>1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</p> <p>2. Building permits do not include plumbing, septic or electrical work.</p> <p>3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</p>	<p>Special Zone or Reviews</p> <p><input type="checkbox"/> Shoreland <i>all work</i></p> <p><input type="checkbox"/> Wetland <i>w/ln existing footprint</i></p> <p><input type="checkbox"/> Flood Zone</p> <p><input type="checkbox"/> Subdivision</p> <p><input type="checkbox"/> Site Plan</p> <p>Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/></p> <p><i>Or w/ conditions</i></p> <p>Date: <i>10/31/08 ABM</i></p>	<p>Zoning Appeal</p> <p><input type="checkbox"/> Variance</p> <p><input type="checkbox"/> Miscellaneous</p> <p><input type="checkbox"/> Conditional Use</p> <p><input type="checkbox"/> Interpretation</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Denied</p> <p>Date: _____</p>	<p>Historic Preservation</p> <p><input checked="" type="checkbox"/> Not in District or Landmark</p> <p><input type="checkbox"/> Does Not Require Review</p> <p><input type="checkbox"/> Requires Review</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved w/Conditions</p> <p><input type="checkbox"/> Denied <i>ABM</i></p> <p>Date: _____</p>
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### CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ DATE \_\_\_\_\_ PHONE \_\_\_\_\_



CITY OF PORTLAND, MAINE  
Department of Building Inspection

# Certificate of Occupancy

LOCATION 20 HILL ST CBL 054 C001001

Issued to Beh Redevelopment Llc /Portland Builders, Inc. Date of Issue 05/05/2009

**This is to certify** that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 08-1397, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

2 Residential Apartments  
Use Group R3  
Type 5B  
IBC 2003

Limiting Conditions:

none

**SCANNED**

This certificate supersedes  
certificate issued

Approved:

\_\_\_\_\_  
(Date) Inspector

\_\_\_\_\_  
Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.



# General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>20 HILL STREET</u>		
Total Square Footage of Proposed Structure/Area <u>2692</u>	Square Footage of Lot <u>2340</u>	Number of Stories <u>2</u>
Tax Assessor's Chart, Block & Lot Chart# <u>54</u> Block# <u>C</u> Lot# <u>1</u>	Applicant * <b>must</b> be owner, Lessee or Buyer* Name <u>BEH REDEVELOPMENT LLC</u> Address <u>17 Chestnut St</u> City, State & Zip <u>Portland ME 04101</u>	Telephone: <u>772-6005</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name <u>same</u> Address City, State & Zip	Cost Of Work: \$ <u>65,250</u> C of O Fee: \$ <u>0</u> Total Fee: \$ <u>680.-</u>
Current legal use (i.e. single family) <u>2 FAMILY</u> Number of Residential Units <u>2</u> If vacant, what was the previous use? <u>-</u> Proposed Specific use: <u>2 FAMILY</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>General apartment remodel</u>		
Contractor's name: <u>PORTLAND BUILDERS</u> Address: <u>PO Box 1902</u> City, State & Zip <u>PORTLAND ME 04112</u> Telephone: <u>879-0118</u> Who should we contact when the permit is ready: <u>PETER BASS</u> Telephone: <u>772-6005</u> Mailing address: <u>17 Chestnut St Portland ME 04101</u>		

**Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.**

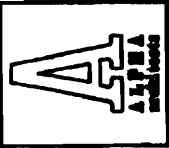
In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

8002 GE 100

Signature: *Mark Gergel* Date: 10-30-08

**This is not a permit; you may not commence ANY work until the permit is issue**



17 CHESTER STREET  
 PORTLAND, ME 04101  
 PHONE: (207) 761-1920  
 FAX: (207) 761-1999



PROFESSIONAL ENGINEER  
 ROBERT J. BREEN  
 LICENSE NO. 1003

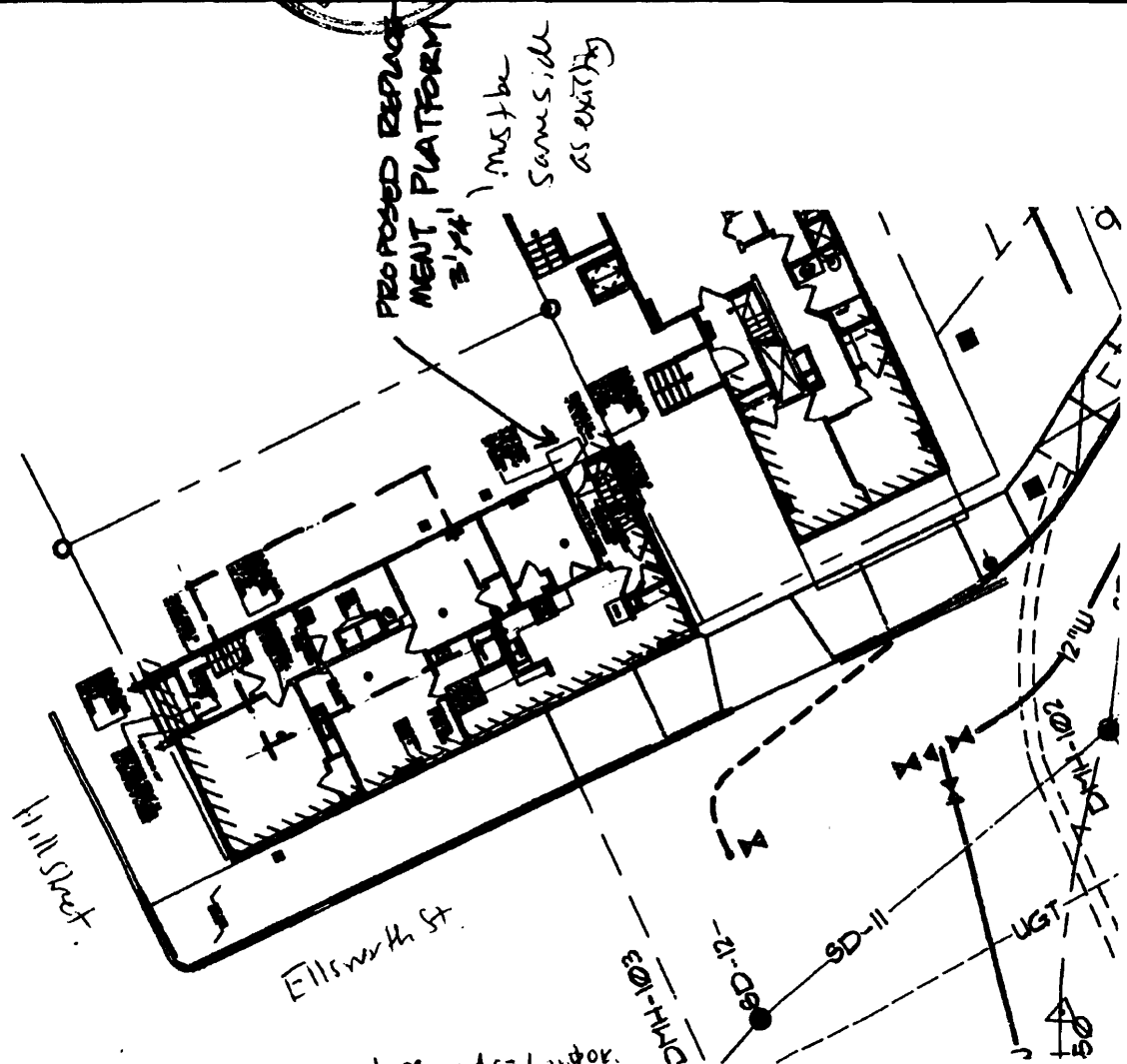
B.E.H Redevelopment Housing  
 20 Hill Street  
 Portland, ME 04101

NO: 08010

REVISION	
PRELIM.	
Board	
CDN	
PRINT	10-31-08

SP.1

20 Hill Street



PROPOSED REPAIR  
 MENT PLATFORM  
 3'x4' must be  
 same side  
 as existing



SCALE PLAN  
 1" = 20'-0"

10-31-08

land area per dw = 1,200 sq. ft.  
 lot size = 2400  
 lot coverage = 50% = 1200

existing 23 x 56 = 1334  
 8 x 1 = 8

pattern



# Accessibility Building Code Certificate

Designer: Mark Sengelmann

Address of Project: \_\_\_\_\_

Nature of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The technical submissions covering the proposed construction work as described above have been designed in compliance with applicable referenced standards found in the Maine Human Rights Law and Federal Americans with Disability Act. Residential Buildings with 4 units or more must conform to the Federal Fair Housing Accessibility Standards. Please provide proof of compliance if applicable.



(SEAL)

Signature: \_\_\_\_\_

Title: Principal

Firm: ALPHA architects

Address: 17 Chestnut St  
Portland ME 04101-4940

Phone: 761-9500

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



# Certificate of Design

Date: 10-30-08

From: Mark Sengelmann

These plans and / or specifications covering construction work on:

20 Hill Street

2 Family Remodel

Have been designed and drawn up by the undersigned, a Maine registered Architect / Engineer according to the *2003 International Building Code* and local amendments.



(SEAL)

Signature: Mark Sengel

Title: Principal

Firm: ALPHA architects

Address: 17 Chestnut St

Portland ME 04101-1140

Phone: 761-9500

For more information or to download this form and other permit applications visit the Inspections Division on our website at [www.portlandmaine.gov](http://www.portlandmaine.gov)



**BUILDING PERMIT INSPECTION PROCEDURES**

**Please call 874-8703 or 874-8693 (ONLY )**

**to schedule your inspections as agreed upon**

**Permits expire in 6 months, if the project is not started or ceases for 6 months.**

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

**By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.**

**A Pre-construction Meeting will take place upon receipt of your building permit.**

  X   **Footing/Building Location Inspection: Prior to pouring concrete or setting precast piers**

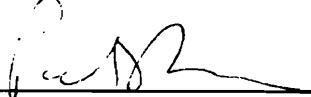
  X   **Framing/Rough Plumbing/Electrical: Prior to Any Insulating or drywalling**

  X   **Final inspection required at completion of work.**

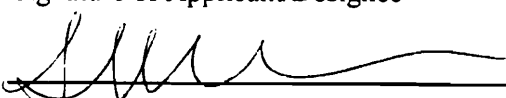
Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.

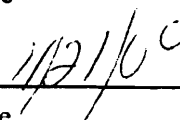
**If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.**

**CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.**

  
\_\_\_\_\_  
Signature of Applicant/Designee

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Inspections Official

  
\_\_\_\_\_  
Date



# Certificate of Design Application

Architect/Designer: Mark Sugelmann  
 Date: 10-30-08  
 Job Name: BEH Housing  
 Address of Construction: 20 Hill St

## 2003 International Building Code

Construction project was designed to the building code criteria listed below:

Building Code & Year 2003 IBC Use Group Classification (s) Residential R-3  
 Type of Construction SB  
 Is there a Fire suppression system in Accordance with Section 903.3.1 of the 2003 IBC? NR Supervisory alarm system? N *Interconnected Smoke Det.*  
 Is the Structure mixed use? NO If yes, separated or non separated or non separated (section 302.3) \_\_\_\_\_  
 Geotechnical/Soils report required? (See Section 1802.2) NR

### Structural Design Calculations

\_\_\_\_\_ Submitted for all structural members (106.1 – 106.11)

### Design Loads on Construction Documents (1603)

(Uniformly distributed floor live loads (7603.11, 1807))

Floor Area Use	Loads Shown
_____	_____
_____	_____
_____	_____
_____	_____

### Wind loads (1603.1.4, 1609)

\_\_\_\_\_ Design option utilized (1609.1.1, 1609.6)  
 \_\_\_\_\_ Basic wind speed (1809.3)  
 \_\_\_\_\_ Building category and wind importance Factor,  $w$   
table 1604.5, 1609.5)  
 \_\_\_\_\_ Wind exposure category (1609.4)  
 \_\_\_\_\_ Internal pressure coefficient (ASCE 7)  
 \_\_\_\_\_ Component and cladding pressures (1609.1.1, 1609.6.2.2)  
 \_\_\_\_\_ Main force wind pressures (7603.1.1, 1609.6.2.1)

### Earth design data (1603.1.5, 1614-1623)

\_\_\_\_\_ Design option utilized (1614.1)  
 \_\_\_\_\_ Seismic use group ("Category")  
 \_\_\_\_\_ Spectral response coefficients,  $S_D$ s &  $S_{D1}$  (1615.1)  
 \_\_\_\_\_ Site class (1615.1.5)

\_\_\_\_\_ Live load reduction  
 \_\_\_\_\_ Roof live loads (1603.1.2, 1607.11)  
 \_\_\_\_\_ Roof snow loads (1603.7.3, 1608)  
 \_\_\_\_\_ Ground snow load,  $P_g$  (1608.2)  
 \_\_\_\_\_ If  $P_g > 10$  psf, flat-roof snow load  $P_f$   
 \_\_\_\_\_ If  $P_g > 10$  psf, snow exposure factor,  $C_e$   
 \_\_\_\_\_ If  $P_g > 10$  psf, snow load importance factor,  $I_s$   
 \_\_\_\_\_ Roof thermal factor,  $C_t$  (1608.4)  
 \_\_\_\_\_ Sloped roof snowload,  $P_s$  (1608.4)  
 \_\_\_\_\_ Seismic design category (1616.3)  
 \_\_\_\_\_ Basic seismic force resisting system (1617.6.2)  
 \_\_\_\_\_ Response modification coefficient,  $R_d$  and  
 deflection amplification factor  $C_d$  (1617.6.2)  
 \_\_\_\_\_ Analysis procedure (1616.6, 1617.5)  
 \_\_\_\_\_ Design base shear (1617.4, 1617.5.1)

### Flood loads (1803.1.6, 1612)

\_\_\_\_\_ Flood Hazard area (1612.3)  
 \_\_\_\_\_ Elevation of structure

### Other loads

\_\_\_\_\_ Concentrated loads (1607.4)  
 \_\_\_\_\_ Partition loads (1607.5)  
 \_\_\_\_\_ Misc. loads (Table 1607.8, 1607.6.1, 1607.7,  
 1607.12, 1607.13, 1610, 1611, 2404)

State Id  City Permit Id  Schedule Invoicing Add Save Find Close  
Type

Addr:   CBL  Appl Date  Min Fee

Building Permit #  Inspector  Appl Approval Date  C Tract:

Status:  Unit:  District  Insp. Approval Date

Other Permits Referenced

Applicant Name:  Owner Name:   
Mail Address:  Mail Address:   
City, State, Zip:  ME  City, State, Zip:   
Phone:  Phone:

Structure Type	<input type="text" value="Multi-Family"/>	Installation By	<input type="text" value="Master Plumber"/>
Site Eval. Date	<input type="text"/>	Inspector	<input type="text"/>

CreatedBy  CreateDate  ModBy  ModDate   
Time  Time



E-Mail CMP

Schedule Inspection

Invoicing

Add

Find

Close

<b>Permit Nbr:</b>	2009-4023	<b>Addr:</b>	HILL ST	20	<b>CBL</b>	054 C001001	<b>Appl Date:</b>	01/09/2009
<b>Building Permit Nbr:</b>	81397	<b>District:</b>	2	<b>Status:</b>	Closed	<b>Issue Date:</b>	01/09/2009	
<b>Owner</b>	BEH REDEVELOPMENT LLC	<b>C Tract:</b>	13.00	<b>Res or Comm:</b>	R	<b>Date Closed</b>	05/05/2009	
<b>Mail Addr</b>	17 CHESTNUT ST	PORTLAND, ME 04101	<b>Min Fee:</b>	\$45.00	<b>Fee Paid:</b>	\$0.00		
<b>Desc:</b>								

Other Permits Referenced

<b>Search By:</b>	<b>Company Name</b>			<b>Add New</b>
	<b>License Number</b>			<b>Electrician's Name</b>
<b>License #</b>	MS000060015119	<b>License Status:</b>	A	GARRY S. PICKRELL
<b>Company Name</b>				
<b>First Name</b>	GARRY	<b>Middle</b>	S	<b>Last</b>
	PICKRELL	<b>Suffix</b>		
<b>Address:</b>	36 SEBAGO LAKE RD	<b>Phone</b>	(207)892-6128	
	GORHAM, ME 04038	<b>Cell Phone</b>		
		<b>Beeper</b>		
	GORHAM	ME	04038 252	
<b>License Date:</b>	2/2/1990	<b>Issue Date:</b>	5/12/2004	<b>ExpDate:</b>
				6/30/2010

<b>CreatedBy</b>	ldobson	<b>CreateDate</b>	01/09/2009	<b>ModBy</b>	mc	<b>ModDate</b>	05/05/2009
		<b>Time</b>	13:35			<b>Time</b>	15:05

# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation: Portland  
Street Subdivision Lot #: 20 Hill St

## PROPERTY OWNERS NAME

Last: BEH First: Housing

Applicant Name: Granite Corp

Mailing Address of Owner/Applicant (If Different): Po Box 370  
Oakland Me 04963

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

[Signature] 11/6/09  
Signature of Owner/Applicant Date

054-0001

**PORTLAND** PERMIT # 10855 TOWN COPY

Date Permit Issued: 11/7/09 \$ 1118  If Double Fee Charged

[Signature] Local Plumbing Inspector Signature L.P.I. # 10165

2008-8348

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

[Signature] Local Plumbing Inspector Signature Date Approved

## PERMIT INFORMATION

<p><b>This Application is for</b></p> <p>1. <input checked="" type="checkbox"/> NEW PLUMBING</p> <p>2. <input type="checkbox"/> RELOCATED PLUMBING</p>	<p><b>Type of Structure To Be Served:</b></p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input checked="" type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER - SPECIFY _____</p>	<p><b>Plumbing To Be Installed By:</b></p> <p>1. <input checked="" type="checkbox"/> MASTER PLUMBER</p> <p>2. <input type="checkbox"/> OIL BURNERMAN</p> <p>3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC</p> <p>4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE</p> <p>5. <input type="checkbox"/> PROPERTY OWNER</p> <p>LICENSE # <u>700051546</u></p>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
<p><b>OR</b></p> <p>HOOK-UP: to an existing subsurface wastewater disposal system.</p> <p><b>OR</b></p> <p>PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.</p>	1	Hosebib / Sillcock	1	Bathtub (and Shower)
		Floor Drain	2	Shower (Separate)
		Urinal	2	Sink
		Drinking Fountain	4	Wash Basin
		Indirect Waste	4	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	2	Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Roof Drain	1	Garbage Disposal
		Bidet	1	Laundry Tub
		Other: _____	2	Water Heater
	Fixtures (Subtotal) Column 2		16	Fixtures (Subtotal) Column 1
			11	Fixtures (Subtotal) Column 2
			17	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
				<b>Permit Fee (Total)</b>

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

# ELECTRICAL PERMIT

## City of Portland, Me.



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 January 8, 2009  
 Permit # 2009-4015  
 CBL# 054-C-001

LOCATION: 20 Hill St. METER MAKE & # \_\_\_\_\_  
 CMP ACCOUNT # \_\_\_\_\_ OWNER BEH  
 TENANT \_\_\_\_\_ PHONE # 877-0118

							TOTAL EACH FEE	
OUTLETS	35	Receptacles	15	Switches	12	Smoke Detector		.20
FIXTURES		Incandescent	10	Fluorescent		Strips		.20
SERVICES		Overhead		Underground		TTL AMPS <800		15.00
		Overhead		Underground		>800		25.00
Temporary Service		Overhead		Underground		TTL AMPS		25.00
								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	2	Ranges		Cook Tops		Wall Ovens		2.00
		Insta-Hot		Water heaters		Fans		2.00
	2	Dryers		Disposals		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
JAN 8 2009		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	

CONTRACTORS NAME Pickrell Electric Inc. MASTER LIC. # MS 600 15119  
 ADDRESS 36 Sebago Lake Rd LIMITED LIC. # \_\_\_\_\_  
 TELEPHONE 893-2008

SIGNATURE OF CONTRACTOR Dana Pickrell