

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: 8/14/12

Permit #: _____

CBL#: 2012 06 4213
0648001

ADDRESS: 275 Saint John Street

METER MAKE/MODEL #: _____

CMP Work Order #: _____

OWNER: J.H. Holdings

TENANT: DeAngelo's

PHONE #: 889-3668

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

Category	Quantity	Item	Unit Price	Total Price	
OUTLETS:	7	Receptacles	0.20	1.40	
FIXTURES:	15	Incandescent	0.20	3.00	
SERVICES:		Overhead	15.00		
		Underground	25.00		
TEMPORARY SERVICE:		Overhead	25.00		
METERS:		(Number of)	1.00		
MOTORS:		(Number of)	2.00		
RESID/COMMER:		Electric Units	1.00		
HEATING:		Oil/Gas Units	5.00		
		Interior	5.00		
APPLIANCES:		Ranges	2.00		
		Cook Tops	2.00		
		Insta-hot	2.00		
		Water Heaters	2.00		
	Hand 2	Dryers	2.00	4.00	
		Disposals	2.00		
		Compactors	2.00		
		Spa	2.00		
		Washing Machine	2.00		
		Others (denote)	2.00		
MISC. (# of):		Air Cond (Window)	3.00		
		Air Cond (Central)	10.00		
		HVAC	5.00		
		EMS	10.00		
		Signs	5.00		
		Alarms/Resident	15.00		
		Alarms/Commer	2.00		
		Heavy Duty (CRKT)	5.00		
		Alterations	15.00		
		Fire Repairs	1.00		
		Emergency Lights	20.00		
		Emer Generators	25.00		
		Circus/Carnival	4.00		
	PANELS:		Service	5.00	
			Remote	8.00	
		Main	10.00		
TRANSFORMER:		0-25 Kva			
		25-200 Kva			
		Over 200 Kva			

CBL: 064 300

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

Brief Description of work: Replacing old fixtures with new, adding 2 outlets, adding 5 new lights 2 hand dries

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CONTRACTOR INFORMATION:
 Contractor Name: Chip Tuomi Master License #: MS60016671
 Address: 42 Strawberry Hill Lane Harrison Maine Limited License #: _____
 Telephone: 207-695-0051 Office 207-683-4728

Contractor Signature: Chip Tuomi

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