Form # P 01

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 specification:

Date 30 September 1996

Permit # 3630

LOCATION: 114 Valley St/St John St

OWNER METRO **ADDRESS**

						TOTAL	EACH	FEE
OUTLETS								
	Receptacles	Switches	Smoke Detector				.20	
FIXTURES	(number of)							
	incandescent	fluorescent					.20	
	fluorescent strip						.20	
SERVICES								
	Overhead		TTL AMPS TO	800			15.00	
	Underground			800			15.00	
TEMPORARY SERV.								
	Overhead		AMPS OVER	800			25.00	
	Underground			800			25.00	
METERS	(number of)						1.00	
MOTORS	(number of)	Gas Pump					2.00	2.00
RESID/COM	Electric units						1.00	
HEATING	oil/gas units						5.00	
APPLIANCES	Ranges	Cook Tops	Wall Ovens				2.00	
	Water heaters	Fans	Dryers				2.00	
Disposals	Dishwasher	Compactors	Others (denote)				2.00	
MISC. (number of)	Air Cond/win						3.00	
	Air Cond/cent						10.00	
	Signs						5.00	
	Pools						10.00	
	Alarms/res						5.00	
	Alarms/com						15.00	
	Heavy Duty						2.00	
	Outlets							
	Circus/Carnv						25.00	
	Alterations						5.00	
	Fire Repairs						15.00	
	E Lights						1.00	
	E Generators						20.00	
	Panels						4.00	
TRANSFORMER	0-25 Kva						5.00	
	25-200 Kva						8.00	
	Over 200 Kva						10.00	
			TOTAL AMOUNT DUE					
	MINIMUM FEE/COMMERCIAL 35.00		**MINIMUM FEE**			**25.00**		25.00

INSPECTION: Will be ready Ready or will call

CONTRACTORS NAME Corey Electric
ADDRESS 184 Read St Ptld, ME
TELEPHONE 775-1380
MASTER LICENSE No. 3630
LIMITED LICENSE No.

SIGNATURE OF CONTRACTOR

264-E-024

ELECTRICAL INSTALLATIONS—

Permit Number 3630

Location 114 Valley St.

Owner Metro

Date of Permit 9/30/96

Final Inspection 9/30/96

By Inspector

INSPECTION: Service _____ by _____

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: 9/30/96 (Finals)

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

DATE:	REMARKS: