

ELECTRICAL PERMIT

City of Portland, Me.



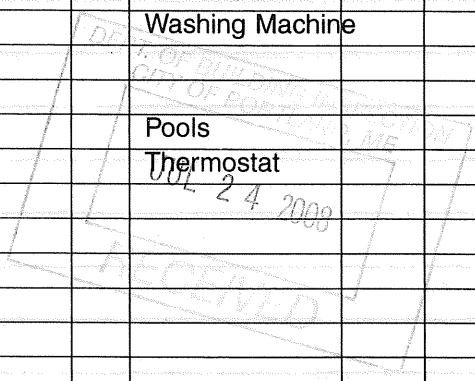
To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 7-24-08
 Permit # 2008-4518
 CBL# D75-A-005

LOCATION: FORE RIVER PARKWAY METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER LANDMARK HEALTHCARE
 TENANT Portland Surgical PHONE # _____

75
 A005

							TOTAL EACH FEE		
OUTLETS	Receptacles		Switches		Smoke Detector			.20	
FIXTURES	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	
								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		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	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	<u>45.00</u>	
							MINIMUM FEE	35.00 75.00	<u>55.00</u>



CONTRACTORS NAME B.H. MILLIKEN INC.
 ADDRESS 175 ANDERSON ST PORTLAND ME 04101
 TELEPHONE 207-879-1877

MASTER LIC. # ME60016837
 LIMITED LIC. # _____

SIGNATURE OF CONTRACTOR Brian Milliken

VISA

ELECTRICAL INSTALLATIONS—

Permit Number _____

Location _____

Owner _____

Date of Permit _____

Final Inspection 09/15/08

By Inspector [Signature]

INSPECTION: Service _____ by _____

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS:

_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____
_____ / _____ / _____

DATE:

REMARKS:

2007
 188

TOTAL AMOUNT DUE

MINIMUM FEE

CONTRACTOR NAME

ADDRESS