

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 #: 2014-02087

CBL#: TS-A-5

ADDRESS: 195 Fore River Parkway

METER MAKE/MODEL #: _____

CMP Work Order #: suite 340

OWNER: HCRI Fore River medical FA

TENANT: acc. New Hh - Mercy Hospital

PHONE #: 879-3000

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

TOTAL EACH FEE

OUTLETS:	<input checked="" type="checkbox"/>	Receptacles	<input checked="" type="checkbox"/>	6	Switches	<input type="checkbox"/>	Smoke Detector	<input type="checkbox"/>	0.20
FIXTURES:	<input type="checkbox"/>	Incandescent	<input type="checkbox"/>	15	Flourescent	<input type="checkbox"/>	Strips	<input type="checkbox"/>	0.20
SERVICES:	<input type="checkbox"/>	Overhead	<input type="checkbox"/>		Underground	<input type="checkbox"/>	TTL Amps <800	<input type="checkbox"/>	15.00
	<input type="checkbox"/>		<input type="checkbox"/>			<input type="checkbox"/>	TTL Amps >800	<input type="checkbox"/>	25.00
TEMPORARY SERVICE:	<input type="checkbox"/>	Overhead	<input type="checkbox"/>		Underground	<input type="checkbox"/>	TTL Amps	<input type="checkbox"/>	1.00
METERS:	<input type="checkbox"/>	(Number of)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	2.00
MOTORS:	<input type="checkbox"/>	(Number of)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	1.00
RESID/COMMER:	<input type="checkbox"/>	Electric Units	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	1.00
HEATING:	<input type="checkbox"/>	Oil/Gas Units	<input type="checkbox"/>		Interior	<input type="checkbox"/>	Exterior	<input type="checkbox"/>	5.00
APPLIANCES:	<input type="checkbox"/>	Ranges	<input type="checkbox"/>		Cook Tops	<input type="checkbox"/>	Wall Ovens	<input type="checkbox"/>	2.00
	<input type="checkbox"/>	Insta-hot	<input type="checkbox"/>		Water Heaters	<input type="checkbox"/>	Fans	<input type="checkbox"/>	2.00
	<input type="checkbox"/>	Dryers	<input type="checkbox"/>		Disposals	<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	2.00
	<input type="checkbox"/>	Compactors	<input type="checkbox"/>		Spa	<input type="checkbox"/>	Washing Machine	<input type="checkbox"/>	2.00
	<input type="checkbox"/>	Others (denote)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	2.00
MISC. (# of):	<input type="checkbox"/>	Air Cond (Window)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	3.00
	<input type="checkbox"/>	Air Cond (Central)	<input type="checkbox"/>			<input type="checkbox"/>	Pools	<input type="checkbox"/>	10.00
	<input type="checkbox"/>	HVAC	<input type="checkbox"/>		EMS	<input type="checkbox"/>	Thermostat	<input type="checkbox"/>	5.00
	<input type="checkbox"/>	Signs	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	10.00
	<input type="checkbox"/>	Alarms/Resident	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	5.00
	<input type="checkbox"/>	Alarms/Commer	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	15.00
	<input type="checkbox"/>	Heavy Duty (CRKT)	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	2.00
	<input type="checkbox"/>	Alterations	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	5.00
	<input type="checkbox"/>	Fire Repairs	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	15.00
	<input type="checkbox"/>	Emergency Lights	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	1.00
	<input type="checkbox"/>	Emer Generators	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	20.00
	<input type="checkbox"/>	Circus/Carnival	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	25.00
PANELS:	<input type="checkbox"/>	Service	<input type="checkbox"/>		Remote	<input type="checkbox"/>	Main	<input type="checkbox"/>	4.00
TRANSFORMER:	<input type="checkbox"/>	0-25 Kva	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	5.00
	<input type="checkbox"/>	25-200 Kva	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	8.00
	<input type="checkbox"/>	Over 200 Kva	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	10.00

MINIMUM COMMERCIAL FEE: \$55.00

MINIMUM RESIDENTIAL FEE: \$45.00

Brief Description of work: removal of suite 340

TOTAL DUE: _____

lights, switches, outlets

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CONTRACTOR INFORMATION:

Contractor Name: Thomas Handlon Master License #: 4322

Address: PO BOX 10897 Portland, ME 04104 Limited License #: _____

Telephone & E Mail: 207-632-2144 handlonelectric@aol.net

Contractor Signature: [Signature]

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CBL: