

ELECTRICAL PERMIT City of Portland, Me.



**PLEASE NOTE IF YOU ARE
INSTALLING A FIRE
ALARM/SPRINKLER SYSTEM
A SEPERATE PERMIT IS
REQUIRED**

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 _____
Permit # 2009-4388
CBL# 87882

LOCATION: 78 Central Ave, Peaks METER MAKE & # _____
CMP ACCOUNT # _____ OWNER _____
TENANT _____ PHONE # _____

						TOTAL EACH FEE		
OUTLETS	5	Receptacles	2	Switches		Smoke Detector	.20	1.40
FIXTURES		Incandescent		Fluorescent		Strips	.20	
SERVICES	X	Overhead		Underground		TTL AMPS <800	15.00	15
		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	
	X	Alterations					5.00	5
		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	45

CONTRACTORS NAME William Miles MASTER LIC. # M540089613
ADDRESS 15 Bluff Drive Steep Falls LIMITED LIC. # _____
TELEPHONE 831-0062

SIGNATURE OF CONTRACTOR [Signature]

ELECTRICAL INSTALLATIONS

Permit Number _____

Location _____

Owner _____

Date of Permit _____

Final Inspection _____

By Inspector _____

INSPECTION: Service _____ by _____

Service called in _____

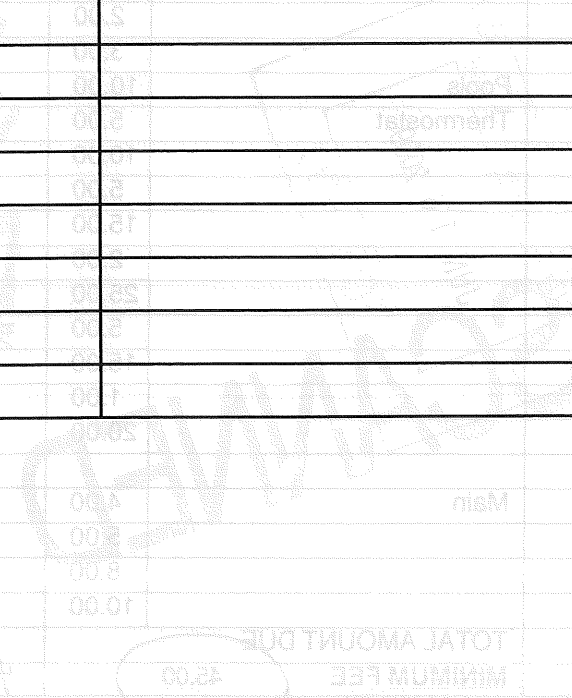
Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____

DATE:

REMARKS:

6-19-07 Check off service change only SMH
OH meters -



TOTAL AMOUNT DUE 48.00
MINIMUM FEE 48.00
MASTER LIC. # M-5003413
LIMITED LIC. #

MINIMUM FEE COMMERCIAL 58.00

CONTRACTOR NAME: William Miller
ADDRESS: 1234 Main St
TELEPHONE: 555-1234

SIGNATURE OF CONTRACTOR: _____