

ELECTRICAL PERMIT

City of Portland, Me.



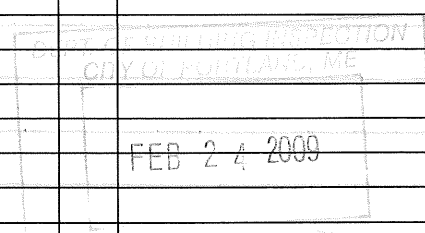
To the Chief Electrical Inspector, Portland Maine:
 The undersigned hereby applies for a permit to make electrical installations
 in accordance with the laws of Maine, the City of Portland Electrical Ordinance,
 National Electrical Code and the following specifications:

Date 11-21-03
 Permit # 2009-4110
 CBL# 92-E-15

LOCATION: 613 Island Ave METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER _____
 TENANT _____ PHONE # _____

TOTAL EACH FEE

OUTLETS	50	Receptacles	15	Switches	5	Smoke Detector	.20
FIXTURES		Incandescent		Fluorescent		Strips	.20
SERVICES	X	Overhead		Underground		TTL AMPS <800	15.00
		Overhead		Underground		>800	25.00
Temporary Service		Overhead		Underground		TTL AMPS	25.00
							25.00
METERS	1	(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
		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



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 92

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

SIGNATURE OF CONTRACTOR [Signature]

ELECTRICAL INSTALLATIONS—

INSPECTION: Service 3-19-09 by S. Hour
Service called in _____
Closing-in 3-19-09 by S. Hour

Permit Number _____
Location _____
Owner _____
Date of Permit _____
Final Inspection _____
By Inspector _____

PROGRESS INSPECTIONS:

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

DATE:

REMARKS:

3-19-09

OKAY to close in
grounding rods for New service MUST
Be moved - current location will
be EXPOSED when deck is removed
& replaced. S.M.H.

Handwritten initials: *W, P, W*

TOTAL AMOUNT DUE 48.00
MINIMUM FEE 48.00

MASTER LIC. #
LIMITED LIC. #

CONTRACTOR NAME
ADDRESS
PHONE

SIGNATURE OF CONTRACTOR

Write Copy - Office