

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 _____
 Permit # 2009 4544
 CBL# 2-622

LOCATION: 67 Brook Ln Nubble METER MAKE & # _____
 CMP ACCOUNT # 3-615 831 OWNER Peter Leong
 TENANT _____ PHONE # 207-766-5174 / 891-6297

TOTAL EACH FEE

OUTLETS	Receptacles	Switches	Smoke Detector			
				.20		
FIXTURES	Incandescent	Fluorescent	Strips	.20		
SERVICES	Overhead	Underground	TTL AMPS <800	15.00		
	Overhead	Underground	TTL AMPS >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			
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		

CONTRACTORS NAME Reitce Electric LLC MASTER LIC. # M56001 9194
 ADDRESS 379 Eight Rd Portland ME 04130 LIMITED LIC. # _____
 TELEPHONE 207-577-6445

SIGNATURE OF CONTRACTOR Charles Reitce Jr

ELECTRICAL INSTALLATIONS—

INSPECTION: Service _____ by _____
 Service called in _____
 Closing-in _____ by _____

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

PROGRESS INSPECTIONS: _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____
 _____ / _____ / _____

DATE:

REMARKS:

9/23

Home owner to wire in kitchen } OK per N.M.
 not requiring outlet every 12'
 - Checked Box + Off connection
 OK S.M.H.

(Handwritten initials and scribbles)

Over 300 Kva	10.00
25-300 Kva	8.00
0-25 Kva	5.00
Service	4.00
Remote	
Main	
TOTAL AMOUNT DUE	
MINIMUM FEE	
MINIMUM FEE/COMMERCIAL BILL	

CONTRACTORS NAME: _____
 ADDRESS: _____
 TELEPHONE: _____
 SIGNATURE OF CONTRACTOR: _____
 MASTER L.C. # _____
 LIMITED L.C. # _____
 White Copy - Office
 Yellow Copy - Applicant