

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: 11/14/16

Permit #: 2016-06610

CBL#: 118 A001001

ADDRESS: 415 Deering Ave

METER MAKE/MODEL #: _____

CMP Work Order #: _____

OWNER: Nancy Hayden

TENANT: _____

PHONE #: NLHAYDEN@67@gmail.com (DEAF)

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

						TOTAL EACH FEE
OUTLETS:	Receptacles		Switches	<u>6</u>	Smoke Detector	0.20
FIXTURES:	Incandescent		Flourescent		Strips	0.20
SERVICES:	Overhead	<input type="checkbox"/>	Underground	<input type="checkbox"/>	TTL Amps <800	15.00
				<input type="checkbox"/>	TTL Amps >800	25.00
TEMPORARY SERVICE:	Overhead	<input type="checkbox"/>	Underground		TTL Amps	25.00
METERS:	(Number of)					1.00
MOTORS:	(Number of)					2.00
RESID/COMMER:	Electric Units					1.00
HEATING:	Oil/Gas Units	<input type="checkbox"/>	Interior	<input type="checkbox"/>	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. (# of):	Air Cond (Window)					3.00
	Air Cond (Central)				Pools	10.00
	HVAC		EMS		Thermostat	5.00
	Signs					10.00
	Alarms/Resident					5.00
	Alarms/Commer					15.00
	Heavy Duty (CRKT)					2.00
Alterations					5.00	
Fire Repairs					15.00	
Emergency Lights					1.00	
Emer Generators					20.00	
Circus/Carnival					25.00	
PANELS:	Service	<input type="checkbox"/>	Remote	<input type="checkbox"/>	Main	4.00
TRANSFORMER:	0-25 Kva	<input type="checkbox"/>				5.00
	25-200 Kva	<input type="checkbox"/>				8.00
	Over 200 Kva	<input type="checkbox"/>				10.00

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Dept. of Building Inspections
City of Portland Maine

MINIMUM COMMERCIAL FEE: \$55.00 **MINIMUM RESIDENTIAL FEE: \$45.00**

Brief Description of work: Install smoke detectors in owners **TOTAL DUE:** _____
1st Floor Apartment 2 Family Apartment House

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CONTRACTOR INFORMATION:

Contractor Name: Joe Dube Master License #: MS 60004981
Address: 22 Snow Rd Scarborough ME Limited License #: _____
Telephone & E Mail: cell 749-4200 joedube@maine.ms.com

Contractor Signature: _____

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CBL :