

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: 9/13/13
 Permit #: 2013-02063
 CBL#: 129-B-30

ADDRESS: 110 Clifton St. METER MAKE/MODEL #: _____

CMP Work Order #: _____ OWNER: →

TENANT: Mary Joan Lovell + Robin TGoss PHONE #: 207-838-9230

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

						TOTAL EACH FEE		
OUTLETS:	<u>12</u>	Receptacles	<u>3</u>	Switches	<u>1</u>	Smoke Detector	0.20	<u>3.80</u>
FIXTURES:	<u>3</u>	Incandescent		Flourescent		Strips	0.20	<u>.60</u>
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	
	<u>1</u>	Air Cond (Central)				Pools	10.00	<u>10.00</u>
		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					5.00	
		25-200 Kva					8.00	
		Over 200 Kva					10.00	

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

Brief Description of work: Wipe a new room/addition **TOTAL DUE:** _____

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CONTRACTOR INFORMATION:
 Contractor Name: Ron Lavinton Master License #: MS60014174
 Address: 40 Two Rock rd Scarborough, ME Limited License #: _____
 Telephone & E Mail: 207-632-0686

Contractor Signature: _____

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CBL :