

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: 3-16-17

Permit #: 2017-04189

CBL#: 129 Houl 001

ADDRESS: 51 Ocean Ave

METER MAKE/MODEL #: _____

CMP Work Order #: _____

OWNER: Kaplan 47 LLC

TENANT: Sony's Scoops

PHONE #: 207-400-7146

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

OUTLETS:	<u>12</u>	Receptacles		Switches		Smoke Detector	0.20
FIXTURES:	<u>10</u>	Incandescent		Flourescent		Strips	0.20
SERVICES:		Overhead	<input type="checkbox"/>	Underground	<input checked="" 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)	<input checked="" type="checkbox"/>				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	<u>1</u>				1.00
		Emer Generators					20.00
		Circus/Carnival					25.00
PANELS:	<u>1</u>	Service	<input checked="" type="checkbox"/>	Remote		Main	4.00
TRANSFORMER:		0-25 Kva					5.00
		25-200 Kva					8.00
		Over 200 Kva					10.00

RECEIVED
MAR 16 2017

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

Brief Description of work: Remodeling for ice cream shop **TOTAL DUE:** _____

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CONTRACTOR INFORMATION:

Contractor Name: Peter P. Jones Master License #: MS600136745
 Address: 69 Oak Ridge Ln Limited License #: _____
 Telephone & E Mail: (207) 774-0004

Contractor Signature: _____

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CBL: _____