

3/20/02. Checked plumbing ok - Electrical ok -
Framing ok - OK to Close-in.

pm

8/13/03 Final inspection. all work complete. OK to
close permit of

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 1/24/03
 Permit # 20034066
 CBL# 133-C-017

LOCATION: 30 Alba St. METER MAKE & # GE 71506347
 CMP ACCOUNT # 441-008-5860-015 OWNER Susan Ransom + Tim Wooten
 TENANT _____ PHONE # 974-7597

							TOTAL EACH FEE			
OUTLETS	8	Receptacles	6	Switches		Smoke Detector	14	.20	2.80	
FIXTURES	8	Incandescent	6	Fluorescent		Strips	14	.20	2.80	
SERVICES		Overhead		Underground		TTL AMPS <800		15.00		
		Overhead		Underground		>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	1	2.00	2.00	
		Insta-Hot		Water heaters	/	Fans	1	2.00	2.00	
		Dryers		Disposals	/	Dishwasher	1	2.00	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 45.00			
							MINIMUM FEE		35.00	<u>35.00</u>

CONTRACTORS NAME Susan Ransom MASTER LIC. # _____
 ADDRESS _____ LIMITED LIC. # _____
 TELEPHONE Applicant

SIGNATURE OF CONTRACTOR _____

PLUMBING APPLICATION

Department of Human Sciences
Division of Health Engineering

PROPERTY ADDRESS

Town or Plantation	North ME
Street Subdivision Lot #	50 Hill St.

PROPERTY OWNERS NAME

Last: <u>Ransom</u>	First: <u>Susan</u>
Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	

2003 8021

Date Permit Issued: 01/24/03 \$ 1111 If Double Fee Charged

[Signature]
Local Plumbing Inspector Signature

L.P.I. # 06411

133-C-017

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

[Signature] Date 1-24-03
Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

This Application is for 1. <input type="checkbox"/> NEW PLUMBING 2. <input checked="" type="checkbox"/> RELOCATED PLUMBING	Type of Structure To Be Served: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	Plumbing To Be Installed By: 1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input checked="" type="checkbox"/> PROPERTY OWNER LICENSE # _____
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
<input type="checkbox"/> HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. <div style="text-align: center; font-size: 2em; font-weight: bold;">OR</div> <input type="checkbox"/> HOOK-UP: to an existing subsurface wastewater disposal system.		Hosebibb / Sillcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<input type="checkbox"/> PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	2	Sink
		Drinking Fountain		Wash Basin
<div style="text-align: center; font-size: 2em; font-weight: bold;">OR</div> <input type="checkbox"/> TRANSFER FEE \$[6.00]		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator	1	Dish Washer
		Dental Cuspidor	1	Garbage Disposal
		Bidet		Laundry Tub
	Other: _____			Water Heater
		Fixtures (Subtotal) Column 2	5	Fixtures (Subtotal) Column 1
			10	Fixtures (Subtotal) Column 2
			5	Total Fixtures
			30.00	Fixture Fee
			1.00	Transfer Fee
				Hook-Up & Relocation Fee
				Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE