

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: 4/2/16
 Permit #: 2016-01458
 CBL#: 186A E022001

ADDRESS: 152 MASS AVE METER MAKE/MODEL #:
 CMP Work Order #: TBA OWNER: TD BANK
 TENANT: Daniel & Melissa Allen PHONE #:

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

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

RECEIVED
 JUN 02 2016
 Dept. of Building Inspections
 City of Portland, Maine

CBL:

MINIMUM COMMERCIAL FEE: \$55.00 MINIMUM RESIDENTIAL FEE: \$45.00
 Brief Description of work: Needs Utility box TOTAL DUE: \$45-

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CONTRACTOR INFORMATION:
 Contractor Name: _____ Master License #: _____
 Address: _____ Limited License #: _____
 Telephone & E Mail: _____

Contractor Signature: _____
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