

# 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: 1-7-15  
 Permit #: \_\_\_\_\_  
 CBL#: \_\_\_\_\_

ADDRESS: 44 Riverview St.

METER MAKE/MODEL #: \_\_\_\_\_

CMP Work Order #: \_\_\_\_\_

OWNER: Scott Bailey / Salty Dog Properties

TENANT: Scott Bailey

PHONE #: 207-240-1377

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

							TOTAL EACH FEE			
OUTLETS:	<input checked="" type="checkbox"/>	4	Receptacles	<input checked="" type="checkbox"/>	2	Switches		Smoke Detector	0.20	1.20
FIXTURES:			Incandescent			Flourescent		Strips	0.20	
SERVICES:	<input type="checkbox"/>		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:	<input checked="" type="checkbox"/>	1	Ranges			Cook Tops		Wall Ovens	2.00	2-
			Insta-hot			Water Heaters		Fans	2.00	
	<input checked="" type="checkbox"/>	1	Dryers			Disposals	<input checked="" type="checkbox"/>	Dishwasher	2.00	1-
			Compactors			Spa	<input checked="" type="checkbox"/>	Washing Machine	2.00	2-
			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:	<input type="checkbox"/>		Service	<input type="checkbox"/>		Remote	<input type="checkbox"/>	Main	4.00	
TRANSFORMER:	<input type="checkbox"/>		0-25 Kva						5.00	
	<input type="checkbox"/>		25-200 Kva						8.00	
	<input type="checkbox"/>		Over 200 Kva						10.00	

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

Brief Description of work: \_\_\_\_\_ **TOTAL DUE:** 45-

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**CONTRACTOR INFORMATION:**  
 Contractor Name: Scott Bailey (Home owner)      Master License #: \_\_\_\_\_  
 Address: 7 Summerfield Ln Scarborough      Limited License #: \_\_\_\_\_  
 Telephone & E Mail: 207-240-1377      sbailey1979@gmail.com

**Contractor Signature:** \_\_\_\_\_

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CBL:

STATE OF MAINE  
Department of the Secretary of State  
Bureau of Corporations, Elections and Commissions  
101 State House Station  
Augusta, Maine 04333-0101

October 9, 2014

SCOTT BAILEY  
SALTY DOG PROPERTIES LLC  
7 SUMMERFIELD LN  
SCARBOROUGH ME 04074

ATTESTED COPIES  
WR DCN: 2142813600009

Enclosed please find copies of documents recently placed on file with our office. Each copy has been attested as a true copy of the original and serves as your evidence of filing. We recommend that you retain these permanently with your records.

Charter#: 20151255DC    Legal Name: SALTY DOG PROPERTIES LLC

CERTIFICATE OF FORMATION

DCN: 2142813600010                      Page(s)    2

Total Pages                      2

MAINE  
LIMITED LIABILITY COMPANY

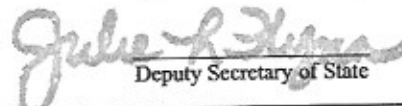
STATE OF MAINE

CERTIFICATE OF FORMATION

File No. 20151255DC Pages 2  
Fee Paid \$ 175  
DCN 2142813600010 DLLC  
---FILED---  
10/07/2014

  
Deputy Secretary of State

A True Copy When Attested By Signature

  
Deputy Secretary of State

Pursuant to 31 MRSA §1531, the undersigned executes and delivers the following Certificate of Formation:

**FIRST:** The name of the limited liability company is:

Salty Dog Properties LLC  
(A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "LLC," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or "l3c" - see 31 MRSA 1508.)

**SECOND:** Filing Date: (select one)

- Date of this filing; or  
 Later effective date (specified here): \_\_\_\_\_

**THIRD:** Designation as a low profit LLC (Check only if applicable):

- This is a low-profit limited liability company pursuant to 31 MRSA §1611 meeting all qualifications set forth here:
- A. The company intends to qualify as a low-profit limited liability company;
  - B. The company must at all times significantly further the accomplishment of one or more of the charitable or educational purposes within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code of 1986, as it may be amended, revised or succeeded, and must list the specific charitable or educational purposes the company will further;
  - C. No significant purpose of the company is the production of income or the appreciation of property. The fact that a person produces significant income or capital appreciation is not, in the absence of other factors, conclusive evidence of a significant purpose involving the production of income or the appreciation of property; and
  - D. No purpose of the company is to accomplish one or more political or legislative purpose within the meaning of Section 170(c)(2)(D) of the Internal Revenue Code of 1986, or its successor.

**FOURTH:** Designation as a professional LLC (Check only if applicable):

- This is a professional limited liability company\* formed pursuant to 13 MRSA Chapter 22-A to provide the following professional services:

\_\_\_\_\_  
(Type of professional services)

**FIFTH:** The Registered Agent is a: (select either a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: \_\_\_\_\_

\_\_\_\_\_  
(Name of commercial registered agent)

Noncommercial Registered Agent

Scott E. Bailey

(Name of noncommercial registered agent)

7 Summerfield Ln, Scarborough, ME 04074  
(physical location, not P.O. Box - street, city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**SIXTH:** Pursuant to 5 MRSA §105.2, the registered agent listed above has consented to serve as the registered agent for this limited liability company.

**SEVENTH:** Other matters the members determine to include are set forth in the attached Exhibit \_\_\_\_\_, and made a part hereof.

**\*\*Authorized person(s)**

Dated 10-1-2014

Scott E. Bailey  
(Signature of authorized person)

Scott E. Bailey  
(Type or print name of authorized person)

\_\_\_\_\_  
(Signature of authorized person)

\_\_\_\_\_  
(Type or print name of authorized person)

**\*Examples** of professional service limited liability companies are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list - see 13 MRSA §723.7)

**\*\*Pursuant to 31 MRSA §1676.1.A, Certificate of Formation MUST be signed by at least one authorized person.**

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

**Secretary of State  
Division of Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101**

• Telephone Inquiries: (207) 624-7752

Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)