

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: 9/21/2016
 Permit #: 2016-06432
 CBL#: 321-A004001

ADDRESS: 470 River Side METER MAKE/MODEL #: _____
 CMP Work Order #: _____ OWNER: Arthur Girard
 TENANT: _____ 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:	Overhead	<input type="checkbox"/>	Underground	<input checked="" type="checkbox"/>	TTL Amps <800	15.00
					TTL Amps >800	25.00
TEMPORARY SERVICE:	Overhead	<input type="checkbox"/>	Underground		TTL Amps	25.00
METERS:	(Number of)	<input checked="" type="checkbox"/>				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
	Air Cond (Central)				Pools	10.00
	HVAC		EMS		Thermostat	5.00
	Signs					10.00
	Alarms/Resident					5.00
RECEIVED	Alarms/Commer					15.00
	Heavy Duty (CRKT)					2.00
SEP 21 2016	Alterations					5.00
	Fire Repairs					15.00
Dept. of Building Inspection	Emergency Lights					1.00
City of Portland Maine	Emer Generators					20.00
	Circus/Carnival					25.00
PANELS:	Service	<input type="checkbox"/>	Remote	<input type="checkbox"/>	Main	4.00
TRANSFORMER:	0-25 Kva	<input type="checkbox"/>				5.00
	25-200 Kva	<input type="checkbox"/>				8.00
	Over 200 Kva	<input type="checkbox"/>				10.00
MINIMUM COMMERCIAL FEE: \$55.00						MINIMUM RESIDENTIAL FEE: \$45.00
Brief Description of work:						TOTAL DUE:

CBL :

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CONTRACTOR INFORMATION:
 Contractor Name: John W Cuvork Master License #: 03685
 Address: PO Box 74 SPV M Limited License #: _____
 Telephone & E Mail: 207 6360308 John W Cuvork@1 clmt. com

Contractor Signature: [Signature]

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