

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 _____
 Permit # _____
 CBL# 3356 00500 ²⁰⁰³⁻⁵¹¹⁴

LOCATION: 175 HARRIS AV METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER: Daniel Beckwith
 TENANT _____ PHONE # 7979205 Cell 6712615

							TOTAL	EACH FEE	
OUTLETS	<u>9</u>	Receptacles	<u>6</u>	Switches	<u>1</u>	Smoke Detector	.20	<u>3.20</u>	
FIXTURES	<u>6</u>	Incandescent	<u>1</u>	Fluorescent		Strips	.20	<u>1.40</u>	
SERVICES		Overhead		Underground		TTL AMPS <800	15.00		
		Overhead		Underground		TTL AMPS >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	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. (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	<u>1</u>	Service		Remote		Main	4.00	<u>4.00</u>	
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>8.00</u> <u>35.00</u>

CONTRACTORS NAME Self MASTER LIC. # _____
 ADDRESS 175 HARRIS AV LIMITED LIC. # _____
 TELEPHONE 7979205 Cell 6712615

SIGNATURE OF CONTRACTOR _____

ELECTRICAL INSTALLATIONS—

Permit Number _____

Location _____

Owner _____

Date of Permit _____

Final Inspection 04/14/11

By Inspector [Signature]

INSPECTION: Service _____ by _____

Service called in _____

Closing-in _____ by _____

PROGRESS INSPECTIONS: _____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

_____ / _____ / _____

DATE:

REMARKS:

12/14/05

— Rough in ok
will need Arc Fault Breaker for
this room