

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: 1/11/13
 Permit #: 2013 00074
 CBL#: 349 H013

ADDRESS: 99 SKYMARK RD METER MAKE/MODEL #: _____
 CMP Work Order #: 301066123 OWNER: _____
 TENANT: Didonato Frank PHONE #: _____

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

OUTLETS:	50	Receptacles	30	Switches	6	Smoke Detector	0.20
FIXTURES:	20	Incandescent		Flourescent		Strips	0.20
SERVICES:		Overhead	X	Underground		TTL Amps <800	15.00
						TTL Amps >800	25.00
TEMPORARY SERVICE:		Overhead		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)				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:		Service		Remote		Main	4.00
TRANSFORMER:		0-25 Kva					5.00
		25-200 Kva					8.00
		Over 200 Kva					10.00

RECEIVED
JAN 11 2013
 Dept. of Building Inspections
 City of Portland Maine

MINIMUM COMMERCIAL FEE: \$55.00 MINIMUM RESIDENTIAL FEE: \$45.00
 Brief Description of work: New house TOTAL DUE: 45

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CONTRACTOR INFORMATION:
 Contractor Name: Superior Electric Fred Rheume Master License #: MS 20027913
 Address: PO Box 357 Limington ME 04049 Limited License #: _____
 Telephone: _____

Contractor Signature: _____

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CBL: