



# PORTLAND MAINE

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Jeff Levine, AICP, Director  
Director of Planning and Urban Development

Tammy Munson  
Director, Inspections Division

## **Electronic Signature and Fee Payment Confirmation**

*Notice: Your electronic signature is considered a legal signature per state law.*

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a **legal signature** per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are **paid in full** to the Inspections Office, City of Portland Maine by method noted below:



Within 24-48 hours, once my complete permit application and corresponding paperwork has been electronically delivered, I intend to **call the Inspections Office** at 207-874-8703 and speak to an administrative representative and provide a credit/debit card over the phone.



Within 24-48 hours, once my permit application and corresponding paperwork has been electronically delivered, I intend to **hand deliver** a payment method to the Inspections Office, Room 315, Portland City Hall.



I intend to deliver a payment method through the U.S. Postal Service mail once my permit paperwork has been electronically delivered.

Applicant Signature:

Date:

6/29/13

I have provided digital copies and sent them on:

Date:

NOTE: All electronic paperwork must be delivered to [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov) or by physical means ie: a thumb drive or CD to the office.

Room 315 - 389 Congress Street- Portland, Maine 04101 (207) 874-8703 - Fax: 874-8716 - TTY: 874-8936

# 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: 6/29/13

Permit #: 2013-01363

CBL#: 429 I001

ADDRESS: 199 Spring St. METER MAKE/MODEL #: \_\_\_\_\_

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

TENANT: David Hamilton PHONE #: 207-272-0176

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

OUTLETS:	<input type="checkbox"/>	Receptacles	<input type="checkbox"/>	Switches	<input type="checkbox"/>	Smoke Detector	0.20
FIXTURES:	<input type="checkbox"/>	Incandescent	<input type="checkbox"/>	Flourescent	<input type="checkbox"/>	Strips	0.20
SERVICES:	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	Underground	<input type="checkbox"/>	TTL Amps <800	15.00
	<input type="checkbox"/>				<input type="checkbox"/>	TTL Amps >800	25.00
TEMPORARY SERVICE:	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	Underground	<input type="checkbox"/>	TTL Amps	25.00
METERS:	<input type="checkbox"/>	(Number of)	<input type="checkbox"/>		<input type="checkbox"/>		1.00
MOTORS:	<input type="checkbox"/>	(Number of)	<input type="checkbox"/>		<input type="checkbox"/>		2.00
RESID/COMMER:	<input type="checkbox"/>	Electric Units	<input type="checkbox"/>		<input type="checkbox"/>		1.00
HEATING:	<input type="checkbox"/>	Oil/Gas Units	<input type="checkbox"/>	Interior	<input type="checkbox"/>	Exterior	5.00
	<input type="checkbox"/>						
APPLIANCES:	<input type="checkbox"/>	Ranges	<input type="checkbox"/>	Cook Tops	<input type="checkbox"/>	Wall Ovens	2.00
	<input type="checkbox"/>	Insta-hot	<input type="checkbox"/>	Water Heaters	<input type="checkbox"/>	Fans	2.00
	<input type="checkbox"/>	Dryers	<input type="checkbox"/>	Disposals	<input type="checkbox"/>	Dishwasher	2.00
	<input type="checkbox"/>	Compactors	<input type="checkbox"/>	Spa	<input type="checkbox"/>	Washing Machine	2.00
	<input type="checkbox"/>	Others (denote)	<input type="checkbox"/>		<input type="checkbox"/>		2.00
MISC. (# of):	<input type="checkbox"/>	Air Cond (Window)	<input type="checkbox"/>		<input type="checkbox"/>		3.00
	<input type="checkbox"/>	Air Cond (Central)	<input type="checkbox"/>		<input type="checkbox"/>	Pools	10.00
	<input type="checkbox"/>	HVAC	<input type="checkbox"/>	EMS	<input type="checkbox"/>	Thermostat	5.00
	<input type="checkbox"/>	Signs	<input type="checkbox"/>		<input type="checkbox"/>		10.00
	<input type="checkbox"/>	Alarms/Resident	<input type="checkbox"/>		<input type="checkbox"/>		5.00
	<input type="checkbox"/>	Alarms/Commer	<input type="checkbox"/>		<input type="checkbox"/>		15.00
	<input type="checkbox"/>	Heavy Duty (CRKT)	<input type="checkbox"/>		<input type="checkbox"/>		2.00
	<input type="checkbox"/>	Alterations	<input type="checkbox"/>		<input type="checkbox"/>		5.00
	<input type="checkbox"/>	Fire Repairs	<input type="checkbox"/>		<input type="checkbox"/>		15.00
	<input type="checkbox"/>	Emergency Lights	<input type="checkbox"/>		<input type="checkbox"/>		1.00
PANELS:	<input type="checkbox"/>	Service	<input type="checkbox"/>	Remote	<input type="checkbox"/>	Main	4.00
	<input type="checkbox"/>						
TRANSFORMER:	<input type="checkbox"/>	0-25 Kva	<input type="checkbox"/>		<input type="checkbox"/>		5.00
	<input type="checkbox"/>	25-200 Kva	<input type="checkbox"/>		<input type="checkbox"/>		8.00
	<input type="checkbox"/>	Over 200 Kva	<input type="checkbox"/>		<input type="checkbox"/>		10.00

MINIMUM COMMERCIAL FEE: \$55.00

MINIMUM RESIDENTIAL FEE: \$45.00

Brief Description of work:

TOTAL DUE:

45.00

Repair a damaged tap box used for service cables.

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

**CONTRACTOR INFORMATION:**

Contractor Name: WireMaster Electric LLC Master License #: M560020086

Address: 50 Heath Rd, Saco ME 04072 Limited License #: \_\_\_\_\_

Telephone & E Mail: 207-651-3426 info@wiremasterelectric.com

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

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

CBL: