

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: 21 July 2016
Permit #: 2016-01932
CBL#: 437 0001001

ADDRESS: 18 SAMUEL RD PORTLAND, ME METER MAKE/MODEL #:

CMP Work Order #: _____ OWNER: CHARIS DELROSSI

TENANT: _____ PHONE #:

PLEASE HAVE YOUR PERMIT # (OR JOB ID) READY & CALL 874-8705 TO SCHEDULE AN INSPECTION? TOTAL EACH FEE

OUTLETS:	<u>8</u> Receptacles	<u>3</u> Switches	Smoke Detector	0.20	<u>2.20</u>
FIXTURES:	<u>11</u> Incandescent	Flourescent	Strips	0.20	<u>2.20</u>
SERVICES:	Overhead	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	<u>4.00</u>
	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	
RECEIVED	Alarms Resident			5.00	
	Alarms Commer			15.00	
JUL 22 2016	Heavy Duty (CRK I)			2.00	
	Alterations			5.00	
	Fire Repairs			15.00	
Dept. of Building Inspections	Emergency Lights			1.00	
City of Portland Maine	Enter 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	

MINIMUM COMMERCIAL FEE: \$55.00 MINIMUM RESIDENTIAL FEE: \$45.00
Brief Description of work: KITCHEN & BATHROOM RENOVATION 45.00

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CONTRACTOR INFORMATION:

Contractor Name: MARK MADSEN Master License #: _____
Address: 244 JOB RD STANFIS H, ME Limited License #: LM 50017126
Telephone & E-Mail: 207-415-7940 madsenelectric@yahoo.com

Contractor Signature: [Signature]
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CBL: _____