

ELECTRICAL PERMIT

City of Portland, Me.



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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 4/24/02
 Permit # 2002-4319
 CBL # 350 0009

LOCATION: 130 LEGAN RD. METER MAKE & # _____
 CMP ACCOUNT # _____ OWNER LISA LUCY SESTO
 TENANT _____ PHONE # _____

| | | | | TOTAL EACH FEE | | | |
|-------------------|------------------------|-----------------|---|----------------|------------------|-------|--------|
| OUTLETS | 7 | Receptacles | 5 | Switches | Smoke Detector | | .20 |
| FIXTURES | 7 | Incandescent | | Fluorescent | Strips | | .20 |
| SERVICES | | Overhead | | Underground | TTL AMPS | <800 | 15.00 |
| | | Overhead | | Underground | | >800 | 25.00 |
| Temporary Service | | Overhead | | Underground | TTL AMPS | | 25.00 |
| METERS | | (number of) | | | | | 25.00 |
| MOTORS | | (number of) | | | | | 1.00 |
| RESID/COM | | Electric units | | Interior | Exterior | | 2.00 |
| HEATING | | oil/gas units | | Cook Tops | Wall Ovens | | 5.00 |
| | | Ranges | | Water heaters | Fans | | 2.00 |
| APPLIANCES | | Insta-Hot | | Disposals | Dishwasher | | 2.00 |
| | | Dryers | | Compactors | Washing Machine | | 2.00 |
| MISC. (number of) | | Others (denote) | | | | | 2.00 |
| | | Air Cond/win | | | | | 3.00 |
| | Air Cond/cent | | | | | 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 | | Service | | Remote | Main | | 4.00 |
| TRANSFORMER | | 0-25 Kva | | | | | 5.00 |
| | | 25-200 Kva | | | | | 8.00 |
| | Over 200 Kva | | | | | 10.00 | |
| | MINIMUM FEE/COMMERCIAL | 45.00 | | | TOTAL AMOUNT DUE | | |
| | | | | | MINIMUM FEE | 35.00 | |
| | | | | | | | 350.00 |

CONTRACTORS NAME DAVID L. BAKER MASTER LIC. # 3676
 ADDRESS 170 SWEEDMAN AVE CARE ELIZABETH LIMITED LIC. # _____
 TELEPHONE 767-3680

SIGNATURE OF CONTRACTOR David L. Baker