

| | |
|-------------------|---------|
| OFFICIAL USE ONLY | |
| Date Issued: | _____ |
| MLB | _____ |
| Permit Fee: | _____ |
| Permit #: | _____ E |

**ELECTRICAL PERMIT
RESIDENTIAL**



Town of Raymond
401 Webbs Mills Rd
Raymond, ME 04071
207-655-4742
Code Enforcement Ext 161
207-655-3024 (f)

Building Permit # _____

Property Owner: _____ Phone: _____

Property Address: _____

Electrician: _____ Phone: _____

Address: _____

State of Maine License#: _____ Expiration Date: _____

CMP Work Order Number (if applicable) _____

CMP Account Number (if applicable) _____

Project Description

**ALL ELECTRICAL WORK SHALL CONFORM TO CURRENT ELECTRICAL CODES
ADOPTED BY THE TOWN OF RAYMOND**

| | Units | Residential | TOTAL |
|--------------------------------|-------|----------------------|----------------------|
| Generator Installation | | Application Fee only | Application Fee only |
| Heat Pump Installation | | Application Fee only | Application Fee only |
| Temporary Service | | \$25.00 | |
| Permanent Overhead Service | | \$27.00 | |
| Permanent Underground Service | | \$40.00 | |
| Square footage of Construction | | \$0.05/sq. ft. | |
| Unit Cost Total | | | |
| Application Fee | | | \$35.00 |
| TOTAL | | | |

I hereby certify that I am the Owner of Record of the named property, or that the Owner of record authorizes the proposed work and I have been authorized by the Owner to make this application as his/her agent. I agree to conform to applicable laws and ordinances of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the Codes applicable to this permit.

NOTE: COMMERCIAL work is permitted through the state.

Signature: _____ Owner ___ Agent ___ Date: _____

Code Officer: _____ Date: _____



TOWN OF RAYMOND

Inspection Schedule

Please call 207-655-4742 ext 161 to schedule an inspection

| Task | Date Completed |
|---------------------|----------------|
| Service Inspection | |
| Rough-In Inspection | |
| Final Inspection | |

Building Official: Alix Sirois

Date: _____