

DEPARTMENT DECISION

APPLICATION IS HEREBY:

APPROVED

DISAPPROVED

DATE _____

CHIEF INSPECTOR _____

Applicant's _____
LICENSE # _____
License Type _____
Exp. date of _____
License _____

Applicant's phone # _____

Application for Electrical Permit

TOWN OF
SUFFIELD, CONN.

PERMIT NO. _____

APPLICATIONS MUST BE PRINTED OR TYPED. BEGIN WITH NUMBER ONE BELOW

1. LOCATION OF JOB

NO. _____

STREET _____

FLOOR _____

APT. NO. _____

2. OWNER _____

3. ADDRESS _____

ZIP CODE _____

4. APPLICANT _____

5. ADDRESS _____

ZIP CODE _____

6. ESTIMATED COST \$ _____

7. IS THIS A CONTRACT COST? YES NO

8. FEE ENCLOSED \$ _____

9. TYPE OF BUILDING:
 RESIDENTIAL COMMERCIAL

10. TYPE OF JOB:
 ORIGINAL INSTALLATION ALTERATION
 ADDITION REPAIR

ACTUAL COST \$ _____ FEE \$ _____

ESTIMATED COST \$ _____ FEE \$ _____

FILE COMP. BY _____ BALANCE \$ _____

Application for ELECTRICAL PERMIT (Continued from Reverse Side)

11. LOCATION OF JOB _____
NO. STREET FLOOR APT. NO.

12. TYPE OF INSTALLATION _____

13. SIZE OF MAIN FEEDER _____

14. NO. OF LIGHT LOOPS _____ 15. _____ 16. NO. OF POWER LOOPS _____

17. NO. OF LIGHT OUTLETS _____ 18. _____ 19. NO. OF POWER OUTLETS _____

20. NO. OF CONVENIENCE OUTLETS _____ 21. _____ 22. NO. OF POWER CIRCUITS _____

23. NO. OF LIGHT CIRCUITS _____ 24. _____ 25. NO. OF MOTORS _____

26. NO. OF PANELS _____ 27. _____ 28. NO. OF POWER PANELS _____

29. NO. OF SWITCHES _____ 30. SIZE OF POWER FEEDERS _____

31. NO. OF FIXTURES _____ 32. TOTAL HORSEPOWER _____

33. NAMES OF SUBCONTRACTORS AND THEIR TRADES _____

34. REMARKS AND FURTHER DETAILS:

IMPORTANT: After completing items above, sign below, and make check payable to Town of Suffield covering proper amount of fee.

All work covered by this application has been authorized by the (owner) or (agent) of this property and will be done in strict accordance with the Building Code.

SIGNATURE OF APPLICANT

DATE