

ELECTRICAL PERMIT

TOWN OF WILLINGTON

DATE _____

ESTIMATED COST \$ _____

CONTRACTOR'S LICENSE NO* _____

JOB LOCATION _____

OWNER _____

KIND OF BUILDING _____ USED AS _____

NEW	<input type="checkbox"/>	ADDITION	<input type="checkbox"/>	ALTERATION	<input type="checkbox"/>	REPAIR	<input type="checkbox"/>
ITEM		NUMBER	ITEM		NUMBER		
Ceiling Outlets			Motors				
Switches			Panel Size				
Plug Receptacles			Range Cord				
TOTAL OUTLETS			Sub Feeder Size				
Air Heaters			Service Amp				
Ranges			Service Conductor Size				
SIGNS			Swimming Pool				
Water Heaters			CRS # _____				
Lighting Circ.							
Other Circ.							
TOTAL CIRCUITS							

PLEASE DESCRIBE THE SCOPE OF WORK: _____

CONTRACTOR'S NAME

TELEPHONE NO.

ADDRESS

CITY

STATE

ZIP

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL WORK FOR WHICH THIS PERMIT IS ISSUED WILL BE COMPLETED IN ACCORDANCE WITH ALL APPLICABLE CODES.

THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE.

Signature of Contractor

Signature of Building Official—Date