

TOWN OF VOLUNTOWN BUILDING DEPARTMENT

Building Department
Town of Voluntown
P.O. Box 96 115 Main St.
Voluntown, CT 06384

Permit Number : _____

CRS #: _____

Office Use only

Application for Electrical Permit

Purpose of the Permit: Residential _____ Commercial _____ Industrial _____ Other _____

Description of Work to be Performed _____

Permit Fee _____

Provide a Check by One of the following:

Other Fees _____

Original (new) Alteration Addition Repair

TOTAL FEE: _____

Use Group _____ Type of Construction _____

For New Service

Underground _____ Size of New Main Service Disconnect (AMPS) _____

Overhead _____ New Service Conductor Size _____

APPLICANT MUST CALL TO SCHEDULE INSPECTION; INCLUDING TRENCHING FOR UNDERGROUND SERVICE

Date: _____ (Please Print or Type All Entries)

Property Location (Street Address): _____

Owner's Name (as it appears in Land Records): _____

Street Address: _____ Town: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ FAX: _____ Mobile: _____

Contractor: _____ License #: _____

Street Address: _____ Town: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ FAX: _____ Mobile: _____

CERTIFICATION: I hereby certify that: I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Print Name: _____ Signature: _____ Date: _____

Building Official: _____ Completed Application Received Date: _____