

APPLICATION FOR ELECTRICAL PERMIT
(Application must be typed or printed)

**TOWN OF COLEBROOK
CONNECTICUT**

PERMIT NO. _____ CONTRACTOR'S LICENSE NO. _____ CONTRACTOR'S TELEPHONE _____

LOCATION OF JOB

HOUSE NO. _____ STREET _____

HOMEOWNER TELEPHONE _____

FEE SCHEDULE

FEE Estimated Cost

FEE: \$10.00 per \$1,000.00 of cost plus state fee (call for exact amount of state fee required)

TYPE OF BUILDING

Residential Commercial

_____ OTHER _____

OWNER

NAME _____

MAILING ADDRESS _____

TOWN OR CITY _____ STATE _____ ZIP _____

TYPE OF JOB

Original Construction Repair

Alteration Demolition

Addition

APPLICANT

NAME _____

MAILING ADDRESS _____

TOWN OR CITY _____ STATE _____ ZIP _____

	COST	FEE
Estimated	_____	_____
Actual	_____	_____
Difference	_____	_____
Additional	_____	_____

WIRE

	SIZE	TYPE
Service	_____	_____
Entrance	_____	_____
Feeder	_____	_____
Heat	_____	_____
Lights	_____	_____
Power	_____	_____
Appliance	_____	_____

ELECTRICAL CONTRACTOR

NAME _____

NO. _____ STREET _____

TOWN OR CITY _____ STATE _____ ZIP _____

ALL SERVICES MUST BE A MINIMUM OF 100 AMPS

DEPARTMENT DECISION

Application is hereby

Approved Disapproved

DATE _____ INSPECTOR _____

INSPECTION

DATE _____ FINAL APPROVAL _____

PANELS

	NO.	CAPACITY AMPS
Main	_____	_____
Heat	_____	_____
Light	_____	_____
Power	_____	_____
Appliance	_____	_____

THIS PERMIT EXPIRES SIX MONTHS FROM DATE OF ISSUE

HEAT

Type _____

Manufacturer _____

Further Details _____

CIRCUITS

	NO.	CAPACITY AMPS
Heat	_____	_____
Lights	_____	_____
Power	_____	_____
Appliance	_____	_____

MOTOR

	NO.	H.P.
_____	_____	_____
_____	_____	_____
_____	_____	_____

OUTLETS

	NO.
Lights	_____
Convenience	_____
Switch	_____
Power	_____
Appliance	_____

PLEASE SUBMIT HEAT LOSS SCHEDULE

Heat loss schedule must be complete for all jobs. System guaranteed adequate to heat all rooms to 72° in 10° below zero weather.

Remarks: _____

All work covered by this application has been authorized by the (owner) or (agent) of this property and will be done according to local code and regulations.

DATE _____ APPLICANT _____