

# 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

**\$15.00 PER \$1000.00  
STATE FEE INCLUDED**

**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 \_\_\_\_\_

**DEPARTMENT DECISION**

Application is hereby

Approved  Disapproved

DATE \_\_\_\_\_ INSPECTOR \_\_\_\_\_

**INSPECTION**

\_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_ FINAL APPROVAL \_\_\_\_\_

**ALL SERVICES MUST BE  
A MINIMUM OF 100 AMPS**

**THIS PERMIT EXPIRES SIX  
MONTHS FROM DATE OF ISSUE**

**PANELS**

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

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

**HEAT**

Type \_\_\_\_\_

Manufacturer \_\_\_\_\_

Further Details \_\_\_\_\_

**CIRCUITS**

	NO.	CAPACITY AMPS
Heat	_____	_____
Lights	_____	_____
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.

**OUTLETS**

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

**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 \_\_\_\_\_