

ELECTRICAL PERMIT

TOWN OF WILLINGTON

BLDG. DEPT. USE
FEE \$ _____
PERMIT # E-_____
VERIFIED BY*_____

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