

PERMIT NUMBER

APPLICATION MUST BE FILLED OUT IN INK

APPLICATION FOR AN ELECTRICAL PERMIT

Town of Lisbon Building Dept., 1 Newent Road, Lisbon, CT 06351

Telephone: (860-376-8291)

Fax: (860-376-6545)

Commercial

Residential

JOB LOCATION

DATE

OWNER'S NAME

TEL. NO.

OWNER'S ADDRESS

CONTRACTOR'S NAME

TEL. NO.

CONTRACTOR'S ADDRESS

CITY

STATE

ZIP CODE

LICENSE TYPE

LICENSE NUMBER

DESCRIPTION OF WORK TO BE PERFORMED

TYPE OF WORK:

NEW

ALTERATION

SERVICE CHANGE

ADDITION/EXTENSION

REPAIR

DEMOLITION

NEW SERVICE:

SIZE OF NEW SERVICE DISCONNECT

AMPS.

SERVICE CONDUCTOR SIZE

TYPE

LOCATION OF SERVICE PANEL/SUB PANEL

CL&P REQUEST REQUEST FOR SERVICE NO. (CRS#)

ALL WORK COVERED UNDER THIS PERMIT HAS BEEN AUTHORIZED BY THE OWNER OR AGENT OF THIS PROPERTY AND WILL BE DONE IN ACCORDANCE WITH THE CURRENT NATIONAL ELECTRIC CODE AS AMENDED BY THE STATE OF CONNECTICUT. NO WORK SHALL COMMENCE UNTIL THIS APPLICATION IS FILED WITH THE BUILDING DEPARTMENT AND A PERMIT IS ISSUED.

APPLICANTS SIGNATURE

DATE

PLEASE PRINT NAME

ESTIMATED VALUE OF WORK

PERMIT FEE

EDUCATION FEE

TOTAL FEE

APPROVED BY

, BUILDING OFFICIAL

PERMIT APPLICATIONS MUST BE COMPLETED AND RETURNED TO BUILDING DEPARTMENT PRIOR TO REQUEST FOR INSPECTION.