TOWN OF NEWTOWN - BUILDING DEPARTMENT

COMMERCIAL - ELECTRICAL PERMIT APPLICATION

Job Site Street Address: Main Permit #:				
Owner (First & Last Name):			Owner's Email:	
Owner's Street Address:			Phone Number:	
Town/City:		State:	Zip:	
Contractor Company Name:				
Print Name of License Holder:			Email:	
Contractor's Street Address:			Phone Number:	
Town/City:		State:	•	Zip:
Class of Contractor's License:	Contractor's License Numbe	er:	Expiration	Date of License:
TYPE OF WORK (<u>CIRCLE ONE</u>)	NEW CONSTRUCTION INTERIOR ALTERATIONS ADDITION		OTHER (<u>Pi</u>	ease State Below)
ELECTRIC SERVICE (<u>CIRCLE ONE</u>)	NEW		AMP:	
	UPGRADE		AMPS FROM: TO:	
TOTAL LOAD FOR THE BUILDING:			CRS# FROM EVERSOURCE:	
DESCRIPTION OF WORK:				
ESTIMATED COST:				
SIGNATURE:			DATE:	
For Office Use Only				
Receipt Number: Permit No.:			Date Issued:	
Map: Block:			Lot:	