

Email Address:

## Town of Newtown Building Department Commercial Electrical Permit Application

*Please Fill Out Completely*

Address of Job Site

Main Permit#

Owner (First & Last Name)

Phone Number

Address

Town/City

State

Zip

Contractor Company Name

Print Name of License Holder

Address

Phone Number

Town/City

State

Zip

Class

License Number

Exp. Date

New Construction

Alterations

Addition

Other (Please List)

Service

New

Upgrade

From

to

Total load for building

CRS #:

Description of Work

Est. Cost

Signature

Date

*For Office Use Only*

Receipt Number

Permit No.

Date Issued

Map

Block

Lot No.