

ELECTRICAL PERMIT

BLDG. DEPT. USE

DATE _____ TOWN OF UNION _____

ESTIMATED COST \$ _____

CONTRACTOR'S LICENSE NO. * _____

FEE \$ _____
PERMIT # E - _____
VERIFIED BY* _____

JOB LOCATION _____

OWNER _____

KIND OF BUILDING _____ USED AS _____

NEW <input type="checkbox"/>	ADDITION <input type="checkbox"/>	ALTERATION <input type="checkbox"/>	REPAIR <input type="checkbox"/>
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ITEM	NUMBER	ITEM	NUMBER
Ceiling Outlets		Motors	
Switches		Panel Size	
Plug Receptacles		Range Cond.	
		Sub Feeder Size	
TOTAL OUTLETS		Service Amp	
Air Motors		Service Conductor Size	
Ranges		Swimming Pool	
SIGNS		REMARKS:	
Water Heaters			
Lighting Circ.			
Other Cir.			
TOTAL CIRCUITS			

PLEASE DESCRIBE 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.

Signature of Contractor _____ Signature of Building Official _____ Date _____