

TOWN OF EASTON ELECTRICAL PERMIT APPLICATION

This Section to Be Completely Filled Out By Applicant

Address of Work:

PERMIT #

Owners Name:

Address:

City/Town:

State:

Zip:

Contact #

E-mail:

JOB COST: \$

License Holder:

Address:

City/Town:

State:

Zip:

Contact #

E-mail:

License Type:

Registration No.:

Expiration Date:

Work Type:

Residential

☐

Commercial

☐

Work Description:

Service Size (new):

Service Size (upgrade)

From:

To:

CRS # (required):

Estimated Job Cost:

\$ _____

Permit Fee:

\$ _____

Administration Fee:

\$ _____

Total:

\$ _____

NOTICE

THE TOWN OF EASTON AND THE BUILDING CODE OF THE STATE OF CONNECTICUT REQUIRES THAT SMOKE AND CO DETECTORS BE INSTALLED TO CODE BEFORE CO'S ARE ISSUED.

I, THE UNDERSIGNED, in accordance with the Building Code of the State of Connecticut, hereby applies for a permit to perform electrical work as listed herein and agrees to conform strictly to the Building Code and to give notice when the work is ready for roughing and final inspections.

Print Name:

Signature:

Date:

BUILDING OFFICIAL SIGNATURE: _____ Date: _____