

PERMIT NO. _____

APPLICATION FOR ELECTRICAL PERMIT

TOWN OF SOUTHBURY
CONNECTICUT

LICENSE NO. _____

(Application must be typed or printed)

LOCATION OF JOB

ZONE _____

STREET _____ CARD NO _____

MAP _____ BLOCK _____ LOT _____

FEE SCHEDULE

FEE _____ Estimated cost _____

Building Official may demand affidavit of actual cost.

TYPE OF BUILDING

Residential Commercial

Other _____

OWNER

NO. _____ STREET _____

TOWN OR CITY _____ STATE _____ ZIP _____

	COST	FEE
Estimated	_____	_____
Actual	_____	_____
Difference	_____	_____
Additional	_____	_____

TYPE OF JOB

Original Construction Repair

Alteration Demolition

Addition

APPLICANT

NO. _____ STREET _____

TOWN OR CITY _____ STATE _____ ZIP _____

DEPARTMENT DECISION

Application is hereby

Approved Disapproved

DATE _____ INSPECTOR _____

WIRE

	SIZE	TYPE
Service	_____	_____
Entrance	_____	_____
Feeder	_____	_____
Heat	_____	_____
Lights	_____	_____
Power	_____	_____
Appliance	_____	_____

ELECTRICAL CONTRACTOR

NO. _____ STREET _____

TOWN OR CITY _____ STATE _____ ZIP _____

THIS PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE

INSPECTION

DATE _____ FINAL APPROVAL _____

ALL SERVICES MUST BE A MINIMUM OF 100 AMPS.

PANELS

	NO.	CAPACITY AMPS
Main	_____	_____
Heat	_____	_____
Light	_____	_____
Power	_____	_____
Appliance	_____	_____

MOTOR

	NO.	HP
_____	_____	_____
_____	_____	_____

HEAT

Type _____

Manufacturer _____

Further Details _____

CIRCUITS

	NO.	CAPACITY AMPS
Heat	_____	_____
Lights	_____	_____
Power	_____	_____
Appliances	_____	_____

HEAT LOSS SCHEDULE

Heat loss schedule must be complete for all jobs. System guaranteed adequate to heat all rooms to 72° in 10° below zero weather.

INSULATION Floor R- _____ Wall R- _____ Ceiling R- _____

ROOM	L	W	H	EXPOSED WALL	CEILING	GLASS	FLOOR	CUBIC CONTENT	TOTAL B.T.U. REQ.	WATTS

OUTLETS

	NO.
Lights	_____
Convenience	_____
Switch	_____
Power	_____
Appliances	_____

REMARKS: _____

All work covered by this application has been authorized by the (owner) or (agent) of this property and will be done according to local code and regulations.

DATE _____ APPLICANT _____