

Mailing Address: PO Box 12, Bantam CT 06750

# Town of Litchfield

## Electrical Permit Application

Estimated Value: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

*\$20 for the first \$1,000*

*\$10 for each additional \$1,000 or part thereof*

### Office Use Only

Permit Number: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### Electrician/Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ License #: \_\_\_\_\_ Classification: \_\_\_\_\_ Expiration: \_\_\_\_\_  
(not applicable for owner)

### Owner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Job Location:

Street Number: \_\_\_\_\_ Street: \_\_\_\_\_

Map: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

### Office Use Only

Type of Job: \_\_\_\_\_

### Remarks:

---

---

---

---

*Turn to the back if more space is needed*

This is to certify that I am the owner or lessee of the building or structure, or agent of either, or a licensed engineer or architect employed in connection with the proposed work. All work covered by this application will be done according to the Connecticut Building Code.

Signature

Date