



ELECTRICAL PERMIT

Home Owner Applicant

DATE _____

NAME _____

ADDRESS _____

PHONE _____

Contractor Applicant

DATE _____

NAME _____

ADDRESS _____

PHONE _____

LICENSE # _____

MASTER # _____

REGISTERED WITH THE TOWN _____

NAME OF CONTRACTOR _____

**DESCRIPTION OF WORK, DRAWING IF NECESSARY
(PANEL DRAWING REQUIRED)**

For Office Use only

Registration Expires: _____ Paid: _____ Date: _____