

CRS# \_\_\_\_\_

BUILDING PERMIT NO. \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

# Application for Electrical Permit

Town of East Lyme Building Department, 108 Pennsylvania Avenue, Niantic, CT 06357  
Telephone: (860) 691-4114 Fax: (860) 691-0351

**Application must be filled out completely in ink**

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHER
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**JOB LOCATION:** \_\_\_\_\_ Assessor's Map \_\_\_\_\_ Lot \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

Contractor's Name \_\_\_\_\_ TEL No. \_\_\_\_\_ ST LICENSE No. \_\_\_\_\_

Contractor's Address \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Description of work to be performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION: I HEREBY CERTIFY THAT:  I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR  THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND/OR I HAVE BEEN AUTHORIZED TO MAKE THIS APPLICATION AS AN AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, REGULATIONS AND ORDINANCES. ALL INFORMATION CONTAINED WITHIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

*Applicant must call to schedule inspection AFTER permit is issued, including trench for underground service*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please Print Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

If not a prepaid application as indicated by the Building Permit number above, please provide an:

Estimated Value of Work \$ \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

State Education Fee \$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(building official)