



# Town of Plymouth

# ELECTRICAL PERMIT

Application #:

Permit #:

Application Date:

Issue Date:

OWNER INFORMATION	ELECTRICIAN INFORMATION
Name: Address:  Phone:	Name: Address:  Phone:
SITE INFORMATION	Lic. No.: _____ Type: _____ Project Code IRC/NEC
Location: Street: Building Type: Building Use: Est. Cost:	JOB DESCRIPTION
	<input type="checkbox"/> New Electrical <input type="checkbox"/> Electrical Alteration <input type="checkbox"/> Electrical Repair <input type="checkbox"/> Electrical Addition

ELECTRICAL FIXTURES		
Ceiling Outlets: Switches: Receptacles - 110: Receptacles - 220: Low Voltage Alarm System Type Monitored <input type="checkbox"/> Local <input type="checkbox"/>	Air Heaters: Ranges: Signs: Water Heaters: Lighting Circuits: Other Circuits:	Motors: Sz grd water/grd rods Panel Size: Range Cond.: Sub. Feeder Size: CRS # Other:

THE FOLLOWING CONDITIONS ARE A PART OF THIS PERMIT:

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT STATE AND LOCAL ELECTRICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Building Official**

Fee \$ \_\_\_\_\_ Payment \_\_\_\_\_ Check Number \_\_\_\_\_