TOWN OF NEWTOWN COMMERICAL ELECTRICAL PERMIT APPLICATION

Please Complete Application in its Entirety

Job Site Address:			Unit #:	9)	Main Permit #:		
Fire Marshall Sign Off:	Pending Approved						
Owner (First & Last Name):					Phone Number		
Address:							
Town/City:			State:			Zip:	
Contractor Company Name:	- i						
Print Name of License Holder:							
Address:							
Town/City:	31	State:		Thomas it distribution	Zip:		
Class:	License Number:	E		Exp. Date:			
Applicable code							
2020 National Electrical Code:							
AS AMENDED BY THE 2022 CONNECTICUT STATE BUILDING CODE Type of Work (Circle One)							
New Construction	Alterations Addition Other (please list):						
Total load for building:			CRS#:				
Description of Work							
	*						
Estimated Cost:	1.		ř				
Estimated Gost.						9	
Signature					Date		
		10					
For Office Use Only							
Receipt Number:	Permit No.:					-	
Мар:		Block:		-	Date Issued:		
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