

Town of Manchester ELECTRICAL PERMIT APPLICATION

494 Main Street, P.O. Box 191, Manchester, CT 06045-0191

Permit #: _____

Phone: (860) 647-3052 Fax: (860) 647-3144

Application Date: _____

Date Issued: _____

Job Address: _____ Lot #: _____

Business Name/Unit/Space #: _____

Project Type: New Construction Addition Alteration Repair / Replacement Tenant Fit-up Other

Description of proposed work: _____

Submittals: Rolled plans submitted Taxes: _____ Water & Sewer #: _____

Estimated Cost of Work: \$ _____ Application Fee: \$ _____ Check #: _____ Receipt #: _____

Owner: _____

Phone: _____ Fax: _____ Mobile: _____ Email: _____

Street Address: _____ Town: _____ Zip: _____

Contractor/ Applicant: _____

Phone: _____ Fax: _____ Mobile: _____ Email: _____

Street Address: _____ Town: _____ Zip: _____

License/Registration Type: _____ Credential #: _____ Expiration Date: _____

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. No work shall be start until the applicant has received the signed approved permit.

Signature of Owner/Authorized Agent Date: _____

Printed name of signatory

PLEASE DO NOT WRITE BELOW THIS LINE

Building Official's Approval: _____ Date: _____