

Permit Fee: \_\_\_\_\_

State Fee

## **City of Torrington**

## **ELECTRICAL PERMIT APPLICATION**

Tracking #		CRS/NO;			Application Da		
Name: Address:	NVZYII(ON)		Name Addre		GIRIGIANNINEGRI ,	MAINE E STAF	
Name address: phone:			Ins. Lia. Ins W/C Lic. No.: Type:			Expire:	
Location	Ma			/Lot	Assessor ID		
Floor/Unit/Appt#	······································			Building Type:			
☐ New Electrical ☐ Detailed Description:							
		HEVEGURICA	TEIFIXTE	res			
Ceiling Outlets:	Air Heaters:				Motors:		
Switches:	Ranges:				Panel Size:		
Receptacles - 110:	Water Heaters:			Range Cond.:			
Receptacles - 220:	Lighting Circuits:			Sub. Feeder Size		ə:, <u> </u>	
Signs:	Circu	er Circuits: , uits - 2 Wire: uits - 3 Wire: uits - 4 Wire:		Total Svc. Size:			
I HEREBY CERTIFY THAT I AM T AGENT TO APPLY FOR THIS PE AND THE CT STATE BUILDING C call for all required inspections and	RMIT. I AGR CODE. I will re	EE TO CONFC equire Workers	RM TO A Compens	LL APPLICA ation for all p	ABLE LAWS OF THIS	JURISDICTION	
Print Name Signate				ure of Contractor or Authorized Agent Date			
Estimated Cost:			Approved By:				