



Building Department

TOWN OF BETHANY

(203) 393-2100 x1116

(203) 393-2100 x1117

Application for Electrical Permit

Permit No. _____

Job Location _____ Date _____

Owner _____ Address _____

Owner(s) Phone _____

Kind of Building New - Residential Rehab - Residential Addition - Residential
 New - Non-residential Rehab - Non-residential Addition - Non-residential

Number of Families _____

Description of work to be done _____

SERVICE

Amps _____ Conductor Size _____ Phase _____ No. of Meters _____ Overhead _____
Underground _____ Copper _____ Alum _____ SEC _____ Plastic Pipe _____ EMC _____

TYPE OF WIRING

Armor clad (BX) Non-metallic EMC Phone TV Alarm Other _____

CIRCUITS

Heating Oil Gas Electric Solar Other _____
Appliances Water heater Dishwasher Clothes Washer Dryer Range
 Water Pump Other _____

Special Circuits _____

Number of Outlets _____ Number of Circuits _____

Electrical Contractor _____ Phone # _____
Cell # _____

Address _____ License # _____ Type _____

Cost of Work _____ Permit Fee _____

Signature of Electrical Contractor _____ Approved: _____
Signature of Inspector _____

Remarks: _____

Note: On request of the issuing authority the applicant shall furnish plans and design information on all systems to be installed under this permit. All work shall comply with the Connecticut State Building Code.