



TOWN OF
Veazie
MAINE

1084 Main Street
Veazie, Me 04401
207.947.2781

FOR OFFICIAL USE ONLY	
Date Received	
Zoning	
Map / Lot	
Permit Fee	
Permit Number	

Electrical Permit Application

Property Location:			
Owners Name:		Phone	
Owners Address (if different from location of work):		City, State, Zip	
Check One:	<input type="checkbox"/> Temporary Service <input type="checkbox"/> Residential <input type="checkbox"/> Generator		
	<input type="checkbox"/> Change size of Service Entrance _____ to _____ Panel Size _____		
Description of work to be completed:			

Electrician Information

Electrician Name:		Phone Number:	
Mailing Address:		License Number:	
Email:		Fax Number:	
Versant Power Service Order No.			

I hereby certify that the information submitted above is correct and I agree to conform to all applicable laws of this jurisdiction. In addition, I certify that the Electrical Inspector shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Applicant Signature:		Date:	
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Approved by Electrical Inspector:		Date:	
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