



TOWN OF VERNON

55 WEST MAIN STREET, VERNON, CT 06066

Tel: (860) 870-3633

Fax: (860) 870-3589

OFFICE OF THE
BUILDING DEPARTMENT

ELECTRICAL (RESIDENTIAL) - Please Complete the Following:

Address Where Work Will Be Performed:

_____, Vernon, CT 06066

General Information:

_____ One Family _____ Two-Family _____ Three-Family or More

Service Type (check one) _____ Overhead _____ Underground

Number of Meters for Home _____

Number of Electrical Panels _____ (Size of Main _____ amps)

Work to be Performed According to (check one): _____ NEC _____ IRC

Type of Work:

_____ Service Change (CRS # _____)

_____ New Construction

_____ Addition

_____ Renovation

_____ Repair

_____ Other _____

I Hereby Certify That (check one):

_____ I am the Owner of Record of the named property

_____ I am acting as the authorized agent of the Owner of Record who approved all work to be performed

Applicant _____ Signature _____ Date _____
(Printed Name)