TOWN OF ACTON
Office of Code Enforcement: 207-636-3497 x410  Email: ceo@actonmaine.org

ELECTRICAL PERMIT

Property Owner _____________________________________________  Contractor _____________________________________________

Project Address _____________________________________________
Mailing Address _____________________________________________  Telephone # _________________________________
Telephone # _____________________________________________  Email ______________________________________

Description of Proposed Project:

- Single Family  - Modular  - Multi-Family  - Other
- New Service _______ amp.
- Temporary Service _______ amp.
- Underground Service _______ amp.
- Service Upgrade _______ amp.
- Disconnect _______ amp.
- Generator _______ amp.
- Other __________________________________________________

☐ Existing dwelling is equipped with a code-compliant smoke/carbon monoxide detection system in accordance with Maine State Building Code, Sections 316 & 317

CMP Work Order #___________________________________________
Estimated Cost of Construction $______________________________
Signature of Installer __________________________________________
State of Maine Master’s License # ________________________________
Expiration Date __________________________________________________________________
DEP Soil Erosion Certified Contractor # (if required) __________________

Please note:
• All work must be in compliance with the National Electrical Code, and the State of Maine Building Code.
• In existing dwellings, a code-compliant smoke/carbon monoxide detection system must be installed in accordance with Maine State Building Code, Sections 316 & 317 when work outlined on this permit begins;
• Installations in the Shoreland Zone may require a permit from the Maine DEP and may require a Maine Erosion Control Contractor Certification;
• A current photo I.D. and a valid Maine State Electrical License must accompany this application;
• Schedule inspections through the office in advance followed by a confirmation call the day of the inspection.
• Inspections will be conducted within an hour, plus or minus, of the scheduled time.

Inspections:

☐ Service  Inspector __________________  Date ____________  CMP Notified  Inspector __________  Date __________
☐ Temporary Service __________________ ____________  Final __________
☐ Underground __________________ ____________