

MAP # _____ LOT # _____

DATE _____

PERMIT # _____

Application Fee: \$ 25.00

Permit Fee (\$4/\$1000): \$ _____

Shoreland Zone (if applicable, \$50.00): \$ _____

TOTAL FEE: \$ _____

TOWN OF ACTON

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

ELECTRICAL PERMIT

Property Owner _____

Contractor _____

Project Address _____

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 _____

Copy Driver's License here

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) _____

Copy Maine State Electrical License here

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.

↓ to be filled in by office ↓

Inspections:

	<u>Inspector</u>	<u>Date</u>
<input type="checkbox"/> Service	_____	_____
<input type="checkbox"/> Temporary Service	_____	_____
<input type="checkbox"/> Underground	_____	_____

	<u>Inspector</u>	<u>Date</u>
<input type="checkbox"/> CMP Notified	_____	_____
<input type="checkbox"/> Final	_____	_____