

STATE OF RHODE ISLAND
ELECTRICAL PERMIT APPLICATION

MUNICIPALITY _____ ISSUED _____ NUMERICAL CODE _____ PERMIT NO. _____
 APPLICATION DATE _____ CENSUS TRACT _____ FEE RECEIVED: \$ _____ BY _____

1. STREET LOCATION _____ POLE NO. or UNDERGROUND NO. _____
 2. PLAT/ MAP _____ 3. LOT/ BLOCK _____ 4. FILE/ PARCEL _____ 5. FLOOR LOCATION _____
 6. USE OF STRUCTURE PREVIOUS _____ PROPOSED _____
 7. _____ Temporary _____ New Installation _____ Change of Service _____ Starting Date _____
 8. OWNER _____ ADDRESS _____ TEL. NO. _____
 9. ELECTRICAL CONTRACTOR _____ ADDRESS _____ TEL. NO. _____
 10. ARCH. OR ENG. _____ ADDRESS _____ TEL. NO. _____
 11. STAMPED PRINTS YES NO 12. RHODE ISLAND REG. NO. _____ 13. CONTRACTOR'S LIC. NO. _____
 14. DESCRIPTION OF WORK TO BE PERFORMED _____

15. Service entrance voltage _____ Amperage _____ Phase _____ No. of Meters _____
 16. Wire size (cu. or al.) _____ Conductor Per Phase _____
 17. Estimated Load: Electrical Heat _____ k.w. Lights _____ k.w. Range _____ Dryer _____ Motors, H.P., Phase _____
 18. ESTIMATED COST OF COMPLETED INSTALLATION: \$ _____

| | |
|--|------------|
| MUNICIPAL ELECTRICAL PERMIT FEE: | = \$ _____ |
| CE & ADA FEE : _____ x .001 | = \$ _____ |
| ESTIMATED COST x .001 | = \$ _____ |
| (1 & 2 FAMILY DWELLINGS LIMITED TO CE & ADA FEE OF \$50.00) TOTAL PERMIT FEE | = \$ _____ |

I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the owner of this building and the undersigned agree to conform to all application codes and ordinances of the municipality

ELECTRICAL CONTRACTOR'S SIGNATURE _____

DO NOT WRITE BELOW THIS LINE ELECTRICAL WIRING PERMIT

| Inspections | Date | |
|-------------------------|-------|----------------------|
| Temporary Service _____ | _____ | |
| Roughing In _____ | _____ | PERMIT GRANTED: |
| Service & Meter _____ | _____ | DATE _____ |
| Off Peak Meter _____ | _____ | |
| Final Approval _____ | _____ | |
| Disapproved* _____ | _____ | BY _____ |
| | | ELECTRICAL INSPECTOR |

*For the following reasons _____

CERTIFICATE OF INSPECTION

DATE _____

To the Electric Utility Company: The installation described above has been inspected and approval is granted for connection to your service.

ELECTRICAL INSPECTOR