

Town of Monroe

Building Department

Application for Electrical Wiring Permit

Permit No. _____

Job Location _____ Lot No. (_____) Date : _____

Name of Owner _____ Address _____
Telephone No. _____

NATURE of WORK : _____ New Installation _____ Addition _____ Revamp _____

TYPE of BUILDING: _____ Frame , _____ Masonry, _____ Metal _____ Other (describe) _____

TYPE of OCCUPANCY or USE _____

TOTAL COMPUTED LOAD _____ WATTS

NO. of BRANCH CIRCUITS: _____ 15amp _____ 20amp _____ 30amp _____ Special Circuits _____

APPLIANCE LOAD RATING'. Range _KW, Hot Water Heater _____ KW, Clothes Dryer _____ KW.

TYPE of WIRING SYSTEM: . Armor Clad(BX), _____ Non Metallic Cable, _____ EMC, _____ Other _____

OUTLETS					MOTORS						
LOCATION	LIGHT	HEAT	RECPT.	SWITCH	NO.	H.R	S. PH.	3 PH.	Starting Equipment	Size of Wire	Size of Conduit
Cellar											
Basement											
1st Floor											
2nd Floor											
Garage											
Yard											
TOTAL											

SERVICE INSTALLATION

PLEASE ILLUSTRATE ON BACK

CRS# _____

SIZE of SERVICE: _____ amperes, _____ Single Phase, _____ Three Phase Overhead, _____ Underground

CONDUCTOR SIZE _____ AWG, _____ MCM. CONDUCTOR MATERIAL: _____ Copper, _____ Aluminum

TYPE SERVICE INSTALLATION: _____ RMC, _____ SEC, _____ BURIAL CABLE. GROUNDING ELECTRODE; _____

SWIMMING POOLS

TYPE of Pool: _____ Permanent, _____ Storable. Distance from power source _____ ft. Conductor Size _____ AWG, _____ UF, _____ RMC

Lighting Fixtures _____ GFCI (Make & Model) _____

NOTE:

On request of the issuing authority, the applicant shall, together with this application, furnish plans of all wiring systems to be installed under this permit.

All work done shall comply with the requirements of the National Electrical Code and standards set forth therein.

NO WORK WILL BE STARTED UNTIL A PERMIT HAS BEEN ISSUED.

Master Electrical *EI(print) _____ State License No. _____

Firm Name or Trade Style _____

Address _____ Zip _____ Telephone No. _____

Cost of Work _____ Permit Fee _____ Signature _____

Master Electrician

Receipt _____ State _____ E-Mail _____