



City of Belfast  
 Dept. of Planning and Code Enforcement  
 131 Church St., Belfast, ME 04915  
 Voice (207) 338-1417 Ext. 125  
 Fax (207) 338-1605

## ELECTRICAL PERMIT

Property Owner _____		Property Address _____		Map _____	Lot _____
Mailing Address (If Different) _____		City _____	State _____	ZIP _____	
Phone _____	Cell _____	Email _____			
Applicant/Electrician _____					
Mailing Address _____		City _____	State _____	ZIP _____	
Phone _____	Cell _____	Email _____			

**CMP Account or Work Order #** \_\_\_\_\_

**Project Cost Estimate** \_\_\_\_\_

<b>This application is for</b> <input type="checkbox"/> New Service <input type="checkbox"/> Upgrading of Service <input type="checkbox"/> Temporary Service <input type="checkbox"/> Existing Service <input type="checkbox"/> Continuation	<b>Type of Structure serviced</b> <input type="checkbox"/> One or Two Family Dwelling <input type="checkbox"/> Mobile Home <input type="checkbox"/> Assessory Structure <input type="checkbox"/> Other _____	<b>To be installed by</b> <input type="checkbox"/> Master Electrician <input type="checkbox"/> Owner <input type="checkbox"/> Other _____
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<b>Type of Service</b> <input type="checkbox"/> 60 Amp <input type="checkbox"/> 100 Amp <input type="checkbox"/> 200 Amp <input type="checkbox"/> 400 Amp <input type="checkbox"/> New Panel(s) <input type="checkbox"/> Electrical Alarm system	<b>Location of Work</b> <input type="checkbox"/> Existing Building <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Assessory Building (Barn, Garage, etc). <b>Estimated_Cost</b> _____	<b>Type and number of Devices</b> <input type="checkbox"/> Recepticals <input type="checkbox"/> Switches <input type="checkbox"/> Fixtures <input type="checkbox"/> Electrical Heat Unit <input type="checkbox"/> Smoke Detectors (Hardwired) <input type="checkbox"/> Other _____
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**I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the local Electrical Inspector to deny my permit.**

Signature (Electrician) \_\_\_\_\_ Date \_\_\_\_\_

Electrician\_License \_\_\_\_\_

**FOR OFFICE USE ONLY**

Fee _____	Paid By _____	Date Paid _____
Permit No. _____	Issued By _____	Date Issued _____