



Electrical Permit

Town of Lincoln
 29 Main Street
 Lincoln, ME 04457
 207-794-3372

I. General Information

Project Name:	Applicant Email:
Applicant Name:	Applicant Phone Number:
Applicant Mailing Address:	
Property Owner Name:	Property Owner Phone Number:
Property Owner Mailing Address:	

II. Type of Work

Type of Improvement <input type="checkbox"/> New Service <input type="checkbox"/> Internal Wiring, New Construction <input type="checkbox"/> Internal Wiring, Remodel	Proposed Use <input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family (# _____ units) <input type="checkbox"/> Garage/ Carport <input type="checkbox"/> Mobile Home, Year _____ Serial # _____ <input type="checkbox"/> Other (specify) _____
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III. Job Information

Will the owner be completing their own work? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Electrician: _____ License Number: _____	Description:	
Please Schedule your inspection one business day in advance. All work must comply with <i>NFPA 70, the National Electrical Code.</i>	Size of Service <input type="checkbox"/> 100 Amp <input type="checkbox"/> 200 Amp <input type="checkbox"/> 3-Phase	Tax Map: _____ Lot: _____ Zone: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

For Office Use Only

Approved <input type="checkbox"/> YES <input type="checkbox"/> No	Conditional Approval <input type="checkbox"/> YES <input type="checkbox"/> NO
FEE \$ _____ Cash <input type="checkbox"/> Check # _____	Permit # _____
Notes:	
Signature of Code Enforcement Officer:	Date Approved: