

TOWN OF CORINNA

ELECTRICAL PERMIT

32 MRSA ss 1102-B

DATE _____ PERMIT _____

TYPE: COMMERCIAL () FEE: _____
 RESIDENTIAL ()
 TEMPORARY ()

OWNER: _____ PHONE #: _____

ADDRESS: _____ LOCATION: _____

MASTER ELECTRICIAN: _____

REMARKS: _____

MUNICIPAL ELECTRICAL INSPECTOR: _____

WHEN READY FOR INSPECTION, PLEASE CALL: **278-4183**

CMP # _____