



Town of Livermore Falls

Electrical Connection Notification Permit Application

Date: _____ Name of Applicant: _____

Applicants Phone #: _____ Business Name: _____

Applicants Address: _____

Property Location: _____

Property Owner: _____ Phone #: _____

Owners Address: _____

Tax Map: _____ Lot #: _____ Commercial: _____ Residential: _____ Shoreland Zone: _____

Electrician: _____ License #: _____

Phone: _____ Email: _____

Service Information

Number of Meters: _____ Location of Service: Overhead: Underground:

Type of Service: New Replacement Temporary Size of Service: _____ Amps

Utility Company Work Order #, Account #, or Meter #: _____

Brief Description of Work to be Done: _____

I agree to perform all work in accordance with the National Electrical Code and all applicable local, state, and federal laws.

Signature of Applicant: _____ Date: _____

FOR CODE ENFORCEMENT USE

Approved _____ Denied _____ Building Permit #: _____ - _____ - _____

Reason for Denial: _____

CEO: _____ Date: _____

CEO Information: Brandon C. Hobbs
Office: (207) 897-3321 Ext 105 Office Hours: Wednesday 3p-8p
Mobile: (207) 816-1236 Friday 8a-4p
Fax: (207) 897-9397
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