



Town of Woodbury
Office of the Building Official
281 Main Street South
Woodbury, Connecticut 06798-0369

LOW VOLTAGE ELECTRICAL PERMIT

OWNER'S

NAME: _____

ADDRESS: _____

APPLICANT'S

NAME: _____ PHONE # _____

ADDRESS: _____

COMPANY NAME: _____

CITY: _____ STATE: _____ ZIP _____

LICENSE #: _____ CLASS: _____ EXP. DATE _____

DESCRIPTION OF WORK: NEW REPAIR ALT. ADDITION

Low Volt. - Fire Security Central Vac Stereo Systems Intercom

- If connected to a Central Station – A representative must be present when tested.
- Fire Alarm will be tested under backup power.

COST OF WORK _____

Please Check One of the Following: I hereby certify that:

I am the owner of record of the named property **or**

that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and agree to conform to all applicable laws, regulations and ordinances. I further certify that I have read and fully understand the instructions & information sheet provided with this application. All information contained within is true and accurate to the best of my knowledge and belief.

SIGNATURE _____ **DATE** _____

PERMIT FEE _____