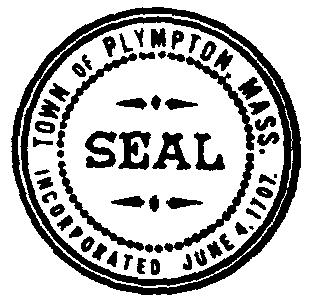
**Town of Plympton**

**Request for Electric Inspection**

**5 Palmer rd. Plympton Ma 02367**

**Building Department 781-585-0571**

****

**Electrical Inspections**

Email form to[buildingadmin@plymptontown.org](mailto:buildingadmin@plymptontown.org) or mail to Town Hall or hand deliver to 5 Palmer Rd Plympton MA.

**All Inspections will be done after 3:00 PM Monday through Friday**.

**Please Check One:**

|  |
| --- |
|  |
|  |
|  |

**Type of Inspection (Electrical):** Trench Temp Service

**Type of Inspection**  Rough Perm. Service

**Misc. please fill out:** Final Re-Inspection

**Today’s Date: Date Requested:**

**Job Location:**

**Current Owner(s):** **Contact Phone #**

**Electricians Name:**

**Contact Phone #:**

**Contact Email:**

**License Number:**

**Licensee’s Signature**

**Special Instructions**

**(**

**Please indicate if someone will be present**

**)**

**:**

This section to be completed by Plympton Inspector of Wires Permit#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection Date Approved Denied

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector of Wires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_