



**TOWN OF NORTH ATTLEBOROUGH
BUILDING DEPARTMENT**

43 So. Washington Street, North Attleborough, MA 02760

Telephone: (508) 699-0110

Fax: (508) 699.0144

PLEASE MAKE SURE FAXES ARE SENT BEFORE 3:15 P.M.

Paul LaFratta, Electrical Inspector

Bruce Haselton, Asst. Electrical Inspector

REQUEST FOR ELECTRICAL INSPECTION

COPY OF PERMIT POSTED AND SOMEONE OVER THE AGE OF 18 HOME.

DATE: _____ TIME: _____ SRE# _____

- | | |
|---|--|
| <input type="checkbox"/> Underground / Trench | <input type="checkbox"/> Other (C.O. ONLY) |
| <input type="checkbox"/> Temporary Service | <input type="checkbox"/> Rough |
| <input type="checkbox"/> New Service | <input type="checkbox"/> Final |
| <input type="checkbox"/> Service Upgrade | <input type="checkbox"/> Siding/Meter(removal) |
| <input type="checkbox"/> Burg. Alarm/Video (Low Voltage) | <input type="checkbox"/> Pool, I.G. |
| <input type="checkbox"/> One Time Insepction ONLY | <input type="checkbox"/> Pool, A.G. |
| <input type="checkbox"/> \$25.00 Re-Inspection Fee | <input type="checkbox"/> Grounding/Bonding (ROUGH INSPECTION) |

Brief Description of Job: _____

Permit No: _____

On property located at: _____
Street Address

Premises owned by: _____

Contractor Name

License No.

Phone No. _____

**INSPECTIONS SHALL BE MADE WITHIN THREE (3) BUSINESS DAYS OF
RECEIPT OF THIS NOTICE: INSPECTION HOURS: Monday-Friday: 4:00-6:00 p.m.
OFFICE HOURS WEDNESDAY AND FRIDAY 3:45-4:00 p.m.**

Date Inspected/Time: _____ Pass _____ Fail _____

By: _____
Electrical Inspector

w/re-insepction fee _____