



TOWN OF PLYMOUTH

Request for Electrical Inspection

PLEASE FILL IN PART 1 & 2 OF THIS REQUEST FORM COMPLETELY & FAX TO (508-830- 4028), MAIL OR HAND DELIVER TO INSPECTOR OF WIRES: 11 LINCOLN ST. PLYMOUTH, MA 02360. ANY QUESTIONS, PLEASE CALL THE INSPECTOR DURING OFFICE HOURS DAILY FROM: 7:30 – 9:30 AM. @ (508) 747-1620 x 115.

******SOMEONE MUST BE AT THE LOCATION FOR AN INSPECTION.******

PART #1:

APPLICATION #: _____

ELECTRICAL PERMIT #: _____

Permit number REQUIRED for processing Inspection.

Today's Date: _____

I, _____ hereby request an inspection under Massachusetts General Law Chapter 143, Section 3L and 237 CMR 4.02 (3) CELL PHONE #: _____

The installation is complete and ready for inspection at: _____
(Property Location)

Day Requested: Monday Tuesday Wednesday Thursday Friday

PLEASE CALL THE INSPECTOR BETWEEN 9:15 AM & 9:30 AM FOR AN APPROXIMATE WINDOW OF ARRIVAL TIME ON THAT DAY IF NEEDED.

PART #2:

TYPE OF INSPECTION REQUESTED:

Temporary Service / N. Star #: _____

Service Re-Inspection

Excavation

(\$20.00 to be paid before Inspection)

Permanent Service / N. Star #: _____

Rough Re-Inspection

(\$20.00 to be paid before Inspection)

Rough Inspection for: _____

Final Re-Inspection

Must include kitchen or bathroom detailed plans with dimensions. *(\$20.00 to be paid before Inspection)*

Final Inspection for: _____

Other Re-Inspection

(\$20.00 to be paid before Inspection)

Other Type of Inspection: _____

License Number: _____ Licensee's Signature: _____

This section to be completed by Plymouth Inspector of Wires:

Inspection Date: _____ Approved Disapproved No Access.

This work was disapproved for the following violation of the Articles and Sections of the Mass. Electrical Code CMR 527 Section 12:00:

Inspector of Wires: _____