

Application for Electrical Permit

All work done under this permit must comply with the Connecticut State Building Code in effect at time of application date.

Date of Application:		Location of Work (# and street):			
Owner:		Address (#, Street, Town, State, Zip):	Phone:	Cell:	
Applicant:		Address (#, Street, Town, State, Zip):	Phone:	Cell:	
Contractor:		Address (#, Street, Town, State, Zip):	Phone:	Cell:	
<u>Job Type</u>		<u>Project Type</u>		Call Before You Dig Authorization #: Call 800-922-4455	
<input type="checkbox"/> Service (new) <input type="checkbox"/> Service (upgrade) <input type="checkbox"/> Low Voltage <input type="checkbox"/> Generator <input type="checkbox"/> Sub Panel <input type="checkbox"/> Electric Heat <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Other _____		<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Commercial <input type="checkbox"/> Pool <input type="checkbox"/> Other _____		Detailed Description of Work/Remarks:	
				Estimated Cost of Work: (Labor & Materials)	
<p><u>Certification:</u> I hereby certify that: <input type="checkbox"/> I am the owner of record of the named property or; <input type="checkbox"/> 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 we agree to conform to all applicable laws, regulation and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. No work shall be start until the applicant has received the signed approved permit. This permit shall lapse if work does not commence within 6 months of permit approval.</p>					
Applicant Signature:		Date:	Print Name:		
Please do not write below this line.					
CT Contactors License # _____ Exp Date _____ Workman's Comp Insurance Exp Date _____ Sole Prop _____ Fire Marshall Approval N/A NO YES (date approved) _____		Plan Reviewed By:		Date:	
		Approval Constitutes Issuance of this Building Permit			
		<input type="checkbox"/> APPROVED		<input type="checkbox"/> DISAPPROVED	
		Building Official Signature:			Date:
		Permit Fee:	Permit Number:		

Required Inspections

- Inground Mechanicals/Conduits – *before backfill*
- Final Inspection
- Rough Mechanicals – *before concealing*
- Certificate of Approval