ELECTRICAL PERMIT APPLICATION

CITY OF MERIDEN
BUILDING DEPARTMENT
142 EAST MAIN STREET
MERIDEN, CT 06450

PHONE: (203) 630-4091
FAX: (203) 630-4093

ADDRESS OF PROJECT: Lot#_____ St# _____ Street: _____

OWNER OF PROPERTY: _____ PHONE: _____

OWNERS ADDRESS: _____

CONTRACTORS NAME: _____ PHONE: _____

CONTRACTORS ADDRESS: _____

CONTRACTORS LICENSE #: _____ESTIMATED COST: _____

APPLICANTS EMAIL: _____

DESCRIPTION OF WORK: _____

_____

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TYPE OF SERVICE: ____new_____ existing ____change _____ temporary ____ overhead
____ Underground ____phase ____ wire ____ voltage ____ conduit size_____ #meter required
____ # of dwellings ____ # of stories, _____ # Amps ***CRS # _____ REQUIRED***
PRIMARY HEAT SOURCE: IF ELECTRIC "PROVIDE LOAD CALCULATIONS" Yes___ No___
Electric ___ Total Wattage ____ Gas ____ Oil ____ Solar ____ Other ____
Heat loss calculations: Attached _____ as per plans _____ other _____
Swimming pool: Above ground _____ in ground _____ Heated ____ Unheated ____

Check occupancy that applies: 1 family home: ___ 2 family home: ___ 3 or more family ____
Industrial: _____ other type (please indicate): _____
***** Fire Marshal may be required for 3 families and up. *****

A COPY OF WORKMANS COMPENSATION INSURANCE POLICY INCLUDED: YES ___ NO ___
IF "NO" PLEASE SUPPLY *STATE ALTERNATIVE WORKERS COMPENSATION FORM 7A or 7B.*

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner of record to make this application as an authorized agent and we agree to conform to all the requirements of the laws and codes of the State of Connecticut.

APPLICANT: _____ SIGN: _____ DATE: _____
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FOR OFFICE USE ONLY BELOW THIS LINE

PERMIT FEE: _____
STATE EDUCATION FEE: .26 per thousand: $ _____
TOTAL PERMIT FEE DUE: $_____

***** NO REFUNDS ON PERMIT FEES*****