

**ELECTRICAL PERMIT APPLICATION**

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|------------------------|
| <b>OFFICE USE ONLY</b> |
| PERMIT#: _____         |
| ENTRY DATE: _____      |

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: \_\_\_\_\_



**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 \_\_\_

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| <b>Check occupancy that applies:</b> 1 family home: ___ 2 family home: ___ 3 or more family ___<br>Industrial: ___ other type (please indicate): _____ |
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**\*\* 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: \_\_\_\_\_  
XX

**FOR OFFICE USE ONLY BELOW THIS LINE**

PERMIT FEE: \_\_\_\_\_

STATE EDUCATION FEE: .26 per thousand: \$ \_\_\_\_\_

**TOTAL PERMIT FEE DUE:** \$ \_\_\_\_\_

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

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|----------------------|
| DEPARTMENT SIGNOFF   |
| TAX COLLECTOR: _____ |
| DATE: _____          |