

APPLICATION FOR ELECTRICAL PERMIT (BLUE)

Used for any electrical work performed whether it's adding on or new service being installed or for a swimming pool. (i.e. new home, addition, porch, commercial / industrial buildings etc.)

Be sure on an application requesting a service change that all information under "**For Service Change / New Construction**" is completed (see example of electrical permit)

NOTE: Even though we don't require an F-11 (Service Request Form) the contractor or homeowner must submit this form to Eversource . We have a small supply in the drawer at the counter. If the Service Request Form has not been submitted, Eversource will not activate service.

APPLICATION FOR ELECTRICAL PERMIT

TOWN OF NEWINGTON 200 GARFIELD STREET, NEWINGTON CT 06111

TEL. 860-665-8580 FAX 860-665-8577 -BUILDING DEPARTMENT

APPLICATION MUST BE FILLED OUT COMPLETELY IN INK

JOB LOCATION: _____

CONTRACTOR'S NAME _____ TEL. NO. _____

ADDRESS _____ CITY _____

_____ STATE _____ ZIP _____ STATE LIC. NO. _____

(HOME) OWNER _____ TEL. NO. _____

(HOME) OWNER ADDRESS _____

DETAILED DESCRIPTION OF WORK TO BE PERFORMED: _____

FOR A SERVICE CHANGE, A HOMEOWNER CANNOT CUT & TAP. A CUT AND TAP MUST BE DONE BY AN E-1 ELECTRICIAN WITH A PERMIT OR THE POWER COMPANY.

TOTAL VALUE OF WORK TO BE PERFORMED \$_____

(Required) WILL THIS PROJECT INCLUDE AN ENERGY STORAGE/BATTERY SYSTEM?

(YES or NO) _____

TYPE OF BUILDING: RESIDENTIAL _____ COMMERCIAL _____ OTHER _____

TYPE OF JOB: SERVICE CHANGE _____ NEW CONSTRUCTION _____

ALTERATION _____ ADDITION _____ DEMOLITION _____

FOR SERVICE CHANGE/ SIZE OF NEW MAIN SERVICE DISCONNECT _____ AMPS
NEW CONSTRUCTION: NEW SERVICE CONDUCTOR SIZE _____ TYPE

ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE (OWNER) OR (AGENT) OF THIS PROPERTY AND WILL BE DONE ACCORDING TO STATE CODES AND REGULATIONS. **NO WORK SHALL BE STARTED UNTIL THE BUILDING DEPARTMENT HAS RECEIVED THIS APPLICATION AND HAS ISSUED A BUILDING PERMIT. ALL PERMITS APPROVED SUBJECT TO FIELD INSPECTIONS.**

SIGNED: _____
(Applicant) _____ (Date) _____ (Telephone No.) _____

Please print name _____ E-MAIL: _____

ELECTRICAL PERMIT FEE \$_____ RECEIVED BY: _____

TOTAL PAID \$_____ DATE: _____

APPROVED BY: _____ DATE: _____
PERMIT NO. _____

NOTE: CALL BUILDING DEPARTMENT FOR REQUIRED INSPECTIONS.

24 HOUR NOTICE IS REQUIRED (860-665-8580)