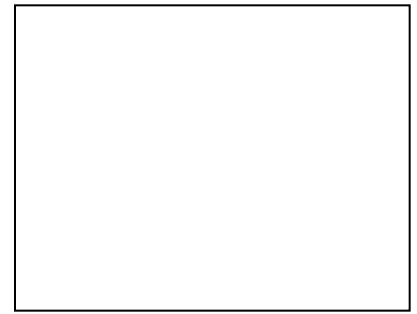




Town of Branford
 Building Department
 Application for Electrical Permit



office use only

Property Owner _____
 Address _____
 Town/City _____ State _____ Zip _____
 Phone Number _____ E-mail _____

Agent/Contractor Name _____
 Address _____
 Town/city _____ State _____ Zip _____
 Phone Number _____ E-mail _____
 CT Registration Number _____ Exp. _____

Property Information;

Address of property where work is to be completed _____

Construction Information;

Residential Commercial
 Single Family Two-Family Townhouse Multi-Family, # of Units _____ Acc. Structure Other _____
 Tenant Fit-up, Name of Business _____
 New Const. Addition Alteration/Remodel Replacement

Permit Type;

Service New, Size _____ Amp Upgrade, Size _____ Amp Temp. Size _____ Amp CRS# _____ Overhead UG
 Photovoltaic System Size _____ Kw **Location;** Roof Mount Ground Installation **Type;** Grounded Un-grounded
 Stand-by Generator Size _____ Kw **Fuel Type;** Natural Gas L-Propane

Specialty Detailed Construction;

Fire Alarm system Security System Low voltage/comm. Telecommunication

Description and size of Proposed Work _____

Estimated Construction Cost including all labor and materials _____

By signing I hereby certify that I am the owner of record of the named property or that I have been authorized by the property owner of record to make this application as an authorized agent and we agree to conform to all applicable laws, regulations and town ordinances. All information contained within is true and accurate to the best of my knowledge and belief. No work shall be started until after the Town of Branford has approved and signed the applicant's permit application.

_____ Date _____
 Print Name

 Signature owner/authorized agent

 Do not print below this line Office use only

Building permit fee _____
 State Education _____
 Document fee _____
 Plans fee _____
 Zoning fee _____
 Total Permit fee _____

Permit Number _____
 Issued Date _____
 Approved by _____

Building Official or Designee