



Toni N. Harp
Mayor
James Turcio
Building Official

ELECTRICAL PERMIT APPLICATION

CITY OF NEW HAVEN
Toni N. Harp, Mayor

BUILDING DEPARTMENT
200 Orange Street, 5th Floor
New Haven, CT 06510
Phone: (203) 946-8045 Fax: (203) 946-8049
www.cityofnewhaven.com

(FOR OFFICIAL USE ONLY)

PERMIT NO:

E- _____ - _____

Entered By:

Building Permit No:

B- _____ - _____

Application to do Electrical work in accordance with the Electrical Code of the State of Connecticut and all applicable state and national standards in a building hereinafter described:

UI WORK ORDER #

1. Work Location: _____ **New Haven, CT**
2. Owner Name: _____ Phone No: () - _____
Address: _____

3. Kind of Building: Residential Non-Residential/Commercial Mixed Use

4. Applicant Name: _____

5. Contractor Name: _____ Phone No: () - _____

Address: _____

**Note this is where the permit will be mailed.*

Conn. State License (Type and Number): _____

Email Address: _____

(This includes Labor and Materials)
Cost Estimate: \$ _____
Permit Fee: \$ _____
Penalty Fee: \$ _____
Certificate of Approval: \$30.00 if applicable
Total Fee: \$ _____

| | | | | |
|--|-------------------------------------|---|--|---|
| # of New Meters: | Size of New Service: (AMPS & VOLTS) | Type of Raceway: | | Size & Type of Conductors: |
| Size of Subpanels: | Type of Raceway: | Size & Type of Conductors: | | Size of grounding electrode conductor: |
| Date Work Will Start: ____/____/20 | Wiring method used: | Transformers: <input type="checkbox"/> Yes <input type="checkbox"/> No | Tele/Data Cable: <input type="checkbox"/> Yes <input type="checkbox"/> No | Generators: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Description of Job: | | | | |
| ELECTRICAL INSPECTOR COMMENTS: NO METERS ON FRONT OF RESIDENTIAL DWELLINGS. NO METERS WITHIN 3' OF GAS METERS | | | | |

CERTIFICATION: I hereby certify that: I am the owner of record of the named property, or 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, regulations, and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

X _____ DATE: ____/____/20

Inspector Signature: _____ DATE: ____/____/20

Notarized By: _____ DATE: ____/____/20

(For Official Use Only)

CASH CHECK# _____