

BUILDING DEPARTMENT
295 MERIDIAN STREET
GROTON, CT 06340

CITY OF GROTON

TEL # 446-4104

FAX # 446-4109

PERMIT # _____

ISSUE DATE _____

APPLICATION AND ELECTRICAL PERMIT

**** PERMIT NOT VALID UNTIL SIGNED BY BUILDING OFFICIAL ****
**** PLANS OR SKETCH MUST ACCOMPANY THIS APPLICATION ****

LOCATION/ADDRESS _____

OWNER _____ ADDRESS _____

DATE SUBMITTED _____ ESTIMATED COST _____ FEE _____

RESIDENTIAL _____ BUSINESS/INDUSTRIAL _____

NEW _____ ALTERATION _____ REPAIR _____ ADDITION _____

PRESENT USE _____

ITEM	NUMBER	ITEM	NUMBER
CEILING OUTLETS		TOTAL CIRCUITS	
SWITCHES		MOTORS	
PLUG RECEPTACLES		PANEL SIZE (AMP)	
		RANGE COND.	
		SUB FEEDER (AMP)	
TOTAL OUTLETS		EXTERIOR LIGHTS	
AIR HEATERS		EXTERIOR CIRCUITS	
RANGES		HEAT PUMP	
SIGNS			
WATER HEATER			
LIGHTING CIRCUITS			
OTHER CIRCUITS			

REMARKS: _____

CONTRACTOR'S NAME _____ TEL # _____

CONTRACTOR'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTRACTOR'S LICENSE # _____ EXP DATE _____ CLASS _____

**APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL WORK
WILL BE DONE IN CONFORMANCE WITH THE CONNECTICUT STATE BUILDING CODE.**

CONTRACTOR'S SIGNATURE

ISSUED BY _____
BUILDING OFFICIAL'S SIGNATURE

Before any work is done a properly completed "ELECTRIC WIRING APPLICATION"
must be submitted to the DEPARTMENT OF UTILITIES.

This is to certify that the electrical work done under this permit has
been completed in accordance with the Connecticut State Building Code.

ELECTRICAL INSPECTOR

DATE