

All work done under this permit must comply with the State of Connecticut Building Code effective

December 31, 2005 AS AMENDED.

NEC Article # _____
IRC Chapter # () _____

APPLICATION FOR ELECTRICAL PERMIT TOWN OF AVON

PERMIT NO. _____

Tel. (860) 409-4316 • Fax (860) 409-4321
60 West Main Street • Avon, Connecticut 06001-3743
Information MUST be provided in shaded areas.

Application Accepted By _____

| | | | | | | | |
|--|---|--|--|---|---|--|-------------------|
| LOCATION OF JOB (NO. & STREET) | FILE | GIS No. | CONST. TYPE | USE GROUP | OCCUPANCY | CODE USED NEC <input type="checkbox"/> IRC <input type="checkbox"/> | CBYD |
| TITLE | ADDRESS (No., Street, Town, State, Zip) | | | | TEL. | FAX | CELL PHONE |
| PROPERTY OWNER | | | | | | | |
| TENANT | | | | | | | |
| APPLICANT | | | | | | | |
| ELECTRICAL CONTRACTOR | LICENSE # | | | | | | |
| ARCHITECT | LICENSE # | | | | | | |
| ENGINEER | LICENSE # | | | | | | |
| INTERIOR DESIGNER | LICENSE # | | | | | | |
| CONTACT PERSON | | | | | | | |
| PROJECT TYPE | PANELS NEC 408 (IRC 39) | | SERVICE NEC 230 (IRC 36) | | | PERMIT FEE | |
| <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Tenant Fit Out <input type="checkbox"/> Sign <input type="checkbox"/> Temporary Service <input type="checkbox"/> Service Upgrade <input type="checkbox"/> Generator <input type="checkbox"/> Other _____ | No. Amps. Main _____ Sub _____ Sub _____ Other _____ | <input type="checkbox"/> UG <input type="checkbox"/> OH Service Entrance Conductor _____ Grounding Electrode Conductor _____ Grounding Electrodes _____ | | | Ampacity _____ CONDUCTOR Size _____ Type _____ | Estimated Value _____ Fee _____ Paid In Permit No. _____ | |
| LOW VOLTAGE NEC 720 (IRC 43) | BRANCH CIRCUITS NEC 210 (IRC 37) | | | | OUTLETS No. Of | | |
| <input type="checkbox"/> Security <input type="checkbox"/> Fire <input type="checkbox"/> Vacuum <input type="checkbox"/> Communication <input type="checkbox"/> Other _____ | Type No. Amp. Appliance _____ Range _____ General _____ Other _____ Other _____ Lighting _____ Emergency _____ Exit _____ | CONDUCTOR Size _____ Type _____ Type _____ Type _____ Type _____ Type _____ Type _____ Type _____ Type _____ Type _____ | No. Amp. Individual _____ ARC Fault _____ A.C. _____ Boiler/Furnace _____ Dryer _____ Water Pump _____ Fan Coil _____ Other _____ | Lights _____ Switches _____ Receptacles _____ GFCI _____ | | | |
| All work covered by this application has been authorized by the owner of this property or an authorized agent and will be done in compliance with all local, state and federal regulations. This permit shall become invalid if work does not commence within 180 days after issuance. | | | | | DESCRIPTION OF WORK/REMARKS | | |
| Property Owner Signature _____ Date _____ | | APPROVAL CONSTITUTES ISSUANCE OF THIS ELECTRICAL PERMIT | | | | | |
| Agent Signature _____ Date _____ | | Plan Reviewed By _____ Date _____ <input type="checkbox"/> Approved as noted <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | | | | | |
| | | Building Official _____ | | | Date _____ | | |