

ELECTRICAL PERMIT APPLICATION

CITY OF MERIDEN
BUILDING DEPARTMENT
142 EAST MAIN STREET
MERIDEN, CT 06450

PHONE: (203) 630-4091
FAX: (203) 630-4093

ADDRESS OF PROJECT: Lot# _____ St# _____ Street: _____

OWNER OF PROPERTY: _____ PHONE: _____

OWNERS ADDRESS: _____

CONTRACTORS NAME: _____ PHONE: _____

CONTRACTORS ADDRESS: _____

CONTRACTORS LICENSE NUMBER: _____

APPLICANTS EMAIL: _____

DESCRIPTION OF WORK: _____



TYPE OF SERVICE: new existing change temporary overhead
Underground phase wire voltage conduit size #meter required
of dwellings # of stories, CRS # REQUIRED.

PRIMARY HEAT SOURCE: IF ELECTRIC "PROVIDE LOAD CALCUCATIONS" Yes No

Electric Total Wattage Gas Oil Solar Other

Heat loss calculations: Attached as per plans other

Swimming pool: Above ground in ground Heated Unheated

Check occupancy that applies: 1 family home: 2 family home: 3 or more family
Industrial: other type (please indicate):
** Fire Marshal may be required for 3 families and up. **

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner of record to make this application as an authorized agent and we agree to conform to all the requirements of the laws and codes of the State of Connecticut.

ESTIMATED COST: (ELECTRICAL ONLY)

PERMIT FEE:

REVIEWERS APPROVALS:

BUILDING APPROVAL:
ZONONG APPROVAL:
TAX COLLECTOR:

DATE:
DATE:
DATE:

WORKERS COMPENSATION INSURANCE - STATEMENT OF EXEMPTION

PUBLIC ACT 96-216 Requires that any person engaged in construction, remodeling, refinishing, refurbishing, rehabilitation, alteration or repair work within the state shall be covered by Workers Compensation Insurance, and shall produce proof of such coverage to the local Building Official prior to the issuance of a building permit, unless they are specifically exempted under the law. This statement shall be completed by any individual/business claiming exemption under the law.

Complete by checking the boxes (1 and 2) or (3) below, and then sign your name:

1.) I, the undersigned, am the;

Owner in Fee of the referenced property, as named and at address on reverse-side.

or

Building Permit application, and owner of contracting business as named and at address on reverse-side.

PLUS

2.) Additionally, I claim exemption from requirements for Workers Compensation Insurance as follows;

I am the owner and will be performing all construction work personally at the above cited property, with the assistance only from members of my immediate family.

or;

I am the sole proprietor of the above business, and have no employees as defined under Section 31-275(9)(A) of the Workers Compensation Act as amended.

OR

3.) I, not qualifying for exemptions (1 or 2) above;

Understand and agree that I shall require proof of Workers Compensation for all those employed on the job site in accordance with the provisions of the Workers Compensation Act.

I understand and agree that failure to comply with the insurance requirements of state law shall subject me to civil penalties, thereunder. I further understand that falsification, in any way, of the facts or conditions I have represented herein constitutes a false statement for which penalties under the law apply.

Legal Signature: _____

Date: _____

Print Name: _____