

CITY OF NORWALK

ELECTRICAL PERMIT APPLICATION

For Office Use Only

District: _____ Block: _____ Lot: _____
 Use Group: _____ Construction Classification: _____

Electrical Permit No.: _____
 Building Permit No.: _____
 Passed Inspection Date: _____

Building Address:

Building Owner's Name:

Phone:

Owners Address:

City/Town:

Zip:

Tenant Name:

Authorization/Agent Letter:

Estimated Cost of Electrical Work: \$ _____

Company Name:

Permit Fee: \$ _____

Business Address:

CT Education Tax: \$ _____

City:

State:

Zip:

Compliance Letter: \$ _____

Phone Number: ()

Total: \$ _____

License Holder's Name:

Payment Type: Credit Card/Check # _____

License #:

Signature:

Email:

SELECT WORK TYPE

State Which Electric Code :

New Construction
Generators

Voice & Data/ Low Voltage
Electric Heat

Addition/Alteration
Pools

Carnival/Fair
Other

Service Size (new):

Work Description:

Service Size (upgrade): From:

To::

Service Utility (Circle One) Eversource SNEW ENEW

CRS # (If Required):

NOTICE

THE CITY OF NORWALK AND THE BUILDING CODE OF THE STATE OF CONNECTICUT REQUIRES THAT SMOKE AND CO DETECTORS BE INSTALLED TO CODE BEFORE CO'S ARE ISSUED.
 LOCATION OF GENERATORS MUST BE SHOWN ON A PLOT PLAN APPROVED BY THE PLANNING AND ZONING DEPARTMENT.

CERTIFICATION: I hereby certify ___ 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.

Owner/Applicant Signature:

Inspector Signature:

Date: