



City of Torrington

ELECTRICAL PERMIT APPLICATION

Tracking # _____

CRS NO: _____

Application Date: _____

<p style="text-align: center;">OWNER INFORMATION</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p>	<p style="text-align: center;">ELECTRICIAN INFORMATION</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Ins. Lia. _____ Expire: _____</p> <p>Ins W/C _____ Expire: _____</p> <p>Lic. No.: _____</p> <p>Type: _____</p>
APPLICANT INFORMATION	
<p>Name _____</p> <p>_____</p> <p>_____</p>	

SITE INFORMATION		
Location	Map/Block/Lot	Assessor ID
Tenant Name:	Tenant Add.	Building Type:

JOB DESCRIPTION			
<input type="checkbox"/> New Electrical	<input type="checkbox"/> Electrical Alteration	<input type="checkbox"/> Electrical Repair	<input type="checkbox"/> Electrical Addition
Detailed Description			

ELECTRICAL FIXTURES		
Ceiling Outlets: _____ Switches: _____ Receptacles - 110: _____ Receptacles - 220: _____ Signs: _____	Air Heaters: _____ Ranges: _____ Water Heaters: _____ Lighting Circuits: _____ Other Circuits: _____ Circuits - 2 Wire: _____ Circuits - 3 Wire: _____ Circuits - 4 Wire: _____	Motors: _____ Panel Size: _____ Range Cond.: _____ Sub. Feeder Size: _____ Total Svc. Size: _____

I HEREBY CERTIFY THAT I AM THE OWNER OR THE OWNER OF RECORD HAS APPOINTED ME AS THE AUTHORIZED AGENT TO APPLY FOR THIS PERMIT. I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION AND THE CT STATE BUILDING CODE. I will require Workers Compensation for all people associated with this project. I will call for all required inspections and will provide in writing, all necessary signatures.

Print Name _____

Signature of Contractor or Authorized Agent _____

Date _____

Estimated Cost: _____	FEES: _____	Approved By: _____
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Permit Fee: _____ State Fee _____ (Fee Schedule is available on City web site)