



# TOWN OF WESTPORT ELECTRICAL PERMIT APPLICATION

**This Section To Be Completely Filled Out By Applicant**

Address of Work:		Building Permit No.:	
Owners Name:			
Address:	City/Town:	State:	Zip:
Phone (home & day):		E-mail:	
Lessee information (if applicable):			

Contractor:			
License Holder:			
Address:	City/Town:	State:	Zip:
Phone (office & cell):		E-mail:	
License Type:	Registration No.:	Expiration Date:	

Work type:	Residential <input type="checkbox"/>	Commercial (Requires FD Administration Fee) <input type="checkbox"/>
Electric Code:	2017 NEC (NFPA-70) <input type="checkbox"/>	2015 IRC (Part VIII): <input type="checkbox"/>

Work Description:

Service Size (new):	<table style="width: 100%;"> <tr> <td>Estimated Cost of Construction:</td> <td>\$ _____</td> </tr> <tr> <td>Permit Fee:</td> <td>\$ _____</td> </tr> <tr> <td>CT Education Tax:</td> <td>\$ _____</td> </tr> <tr> <td>FD Administration Fee:</td> <td>\$ _____</td> </tr> <tr> <td><b>Total:</b></td> <td>\$ _____</td> </tr> </table>	Estimated Cost of Construction:	\$ _____	Permit Fee:	\$ _____	CT Education Tax:	\$ _____	FD Administration Fee:	\$ _____	<b>Total:</b>	\$ _____
Estimated Cost of Construction:		\$ _____									
Permit Fee:		\$ _____									
CT Education Tax:		\$ _____									
FD Administration Fee:		\$ _____									
<b>Total:</b>	\$ _____										
Service Size (upgrade)											
From:											
To:											
CRS # (required):											

**NOTICE:**

**- THE TOWN OF WESTPORT 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.**

I, THE UNDERSIGNED, in accordance with the Building Code of the State of Connecticut, hereby applies for a permit to perform electrical work as listed herein and agrees to conform strictly to the Building Code and to give notice when the work is ready for roughing and final inspections.

Print Name:	Signature:	Date:
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