



TOWN OF WESTPORT BUILDING PERMIT APPLICATION

This Section To Be Completely Filled Out By Applicant

Address of Work: 34 Otter Trail List Number: _____

Owners Name: Bob Baskins

Address: 1 City/Town: Westport State: CT Zip: 06880

Phone (home & day): 202-669-5608 E-mail: robertbaskin@msn.com

Lessee information (if applicable): _____

Contractor: R. Piro Electric Contact: Robert Piro

Address: PO Box 804 City/Town: Stratford State: CT Zip: 06614

Phone (office & cell): 203-650-9216 E-mail: rob@rpiroelectric.com

Registration No.: 200504 E1 Expiration Date: 9/30/2020 C.B.Y.D. No.: _____

Architect: _____ Phone: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

This Section To Be Filled Out By Plan Reviewer

Tax Clearance No.: _____ Owner's Authorization Workers Comp. or Aff.

Zoning Permit No.: _____ Date: _____ Flood Zone: _____ Plan Rev.: _____

Work Description: 22 kw generator

Use Group: _____ Construction Classification: _____ ResCheck: _____

| | | | | | | | | | | | | | |
|--|--|------------------------------------|----------------------------------|------------------------------------|-----------------------------------|--------------------------------|----------------------------------|------------------------------------|---|--------------------------------------|--|-----------------------------------|--|
| <p>Subcontractor permits required:</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Electric</td> <td><input type="checkbox"/> Fireplace</td> </tr> <tr> <td><input type="checkbox"/> Service</td> <td><input type="checkbox"/> Fuel Tank</td> </tr> <tr> <td><input type="checkbox"/> H.V.A.C.</td> <td><input type="checkbox"/> Alarm</td> </tr> <tr> <td><input type="checkbox"/> Heating</td> <td><input type="checkbox"/> Sprinkler</td> </tr> <tr> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Hood & duct</td> </tr> <tr> <td><input checked="" type="checkbox"/> Plumbing</td> <td><input type="checkbox"/> Concrete</td> </tr> </table> | <input checked="" type="checkbox"/> Electric | <input type="checkbox"/> Fireplace | <input type="checkbox"/> Service | <input type="checkbox"/> Fuel Tank | <input type="checkbox"/> H.V.A.C. | <input type="checkbox"/> Alarm | <input type="checkbox"/> Heating | <input type="checkbox"/> Sprinkler | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Hood & duct | <input checked="" type="checkbox"/> Plumbing | <input type="checkbox"/> Concrete | <p>Estimated Cost of Construction: \$ <u>10,000</u></p> <p>Permit Fee: \$ _____</p> <p>CT Education Tax: \$ _____</p> <p>FD Administration Fee: \$ _____</p> <p>Total: \$ _____</p> |
| <input checked="" type="checkbox"/> Electric | <input type="checkbox"/> Fireplace | | | | | | | | | | | | |
| <input type="checkbox"/> Service | <input type="checkbox"/> Fuel Tank | | | | | | | | | | | | |
| <input type="checkbox"/> H.V.A.C. | <input type="checkbox"/> Alarm | | | | | | | | | | | | |
| <input type="checkbox"/> Heating | <input type="checkbox"/> Sprinkler | | | | | | | | | | | | |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Hood & duct | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Plumbing | <input type="checkbox"/> Concrete | | | | | | | | | | | | |

I, THE UNDERSIGNED, hereby affirm and attest that I am familiar with the requirements and provisions of the BUILDING CODE of the STATE of CONNECTICUT and the Ordinances of the TOWN of WESTPORT as they apply to the work described above, and I agree to satisfy those requirements in every portion of that work, and to give the applicable local and state requirements precedence over other written specifications, drawings and instructions.

I further agree to cooperate with and assist the Officials of the TOWN of WESTPORT in their inspections of this work, and in the enforcement of applicable local and state codes and regulations.

I hereby certify that I am the Owner or Authorized Agent of the Owner of the Property herein described, and that I have the necessary legal right and authority to proceed with the work herein outlined, and that the information I have given is true and correct, and that the cost estimate is accurate to the best of my knowledge.

I authorize the Town of Westport to properly dispose of all residential construction plans two years after issuance of the Certificate of Occupancy unless written request is submitted to the Building Department within that time.

Note: Except in cases of emergency, construction or repair work that is accompanied by noise shall be prohibited within the Town of Westport between the hours of 8:00 p.m. and 7:00 a.m. on weekdays and 9:00 a.m. on Saturday, Sunday and legal holidays.

Print Name: Robert Piro Signature: _____ Date: 8-12-2020



TOWN OF WESTPORT ELECTRICAL PERMIT APPLICATION

This Section To Be Completely Filled Out By Applicant

| | | |
|---|-------------------------------------|------------------------------------|
| Address of Work: <u>34 Otter Trail</u> | | Building Permit No.: |
| Owners Name: <u>Bob Baskins</u> | | |
| Address: <u>" "</u> | City/Town: <u>Westport</u> | State: <u>CT</u> Zip: <u>06880</u> |
| Phone (home & day): <u>202-669-5608</u> | E-mail: <u>robertbaskin@msn.com</u> | |
| Lessee information (if applicable): | | |

| | | |
|--|--------------------------------------|------------------------------------|
| Contractor: <u>R. Piro Electric LLC</u> | | |
| License Holder: <u>Robert Piro</u> | | |
| Address: <u>PO Box 804</u> | City/Town: <u>Stratford</u> | State: <u>CT</u> Zip: <u>06614</u> |
| Phone (office & cell): <u>203-650-9216</u> | E-mail: <u>rob@rpiroelectric.com</u> | |
| License Type: <u>E1</u> | Registration No.: <u>200504</u> | Expiration Date: <u>8/30/2020</u> |

| | | |
|----------------|---|--|
| Work type: | Residential <input checked="" 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: <u>22 kW generator</u> |
| |
| |
| |
| |
| |

| | |
|------------------------|--|
| Service Size (new): | Estimated Cost of Construction: \$ <u>10,000.00</u> Permit Fee: \$ _____ CT Education Tax: \$ _____ FD Administration Fee: \$ _____ Total: \$ _____ |
| 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: <u>Robert Piro</u> | Signature: | Date: <u>8-12-2020</u> |
|-----------------------------------|----------------|---------------------------|