

ELECTRICAL PERMIT



TOWN OF STRATFORD

2725 Main Street
Stratford, CT 06615

Phone: (203) 385-4010

Fax: (203) 381-2053

Office Hours: 8:30 – 10:00 a.m.

1:00 – 2:00 p.m.

Permit # _____

Building Permit # _____

Permit fee _____

State Education fee _____

Total _____

Receipt # _____ Check # _____

Job Location _____ Date _____

Owner _____ Address _____

Owner (s) Phone # : _____

Kind of Building New – Residential Rehab – Residential Addition – Residential
 New – Non-residential Rehab – Non-residential Addition – Non-residential

Number of Families _____

Description of work to be done _____

SERVICE

UI # _____

Amps _____ Conductor Size _____ Phase _____ No. of Meters _____ Overhead _____

Underground _____ Copper _____ Alum _____ SEC _____ Plastic Pipe _____ EMC _____

TYPE OF WIRING

Armor clad (BX) Non-metallic EMC Phone TV Alarm Other _____

CIRCUITS

Heating Oil Gas Electric Solar Other _____

Appliances Water heater Dishwasher Clothes Washer Dryer Range Other _____

Special Circuits _____

Number of Outlets _____ Number of Circuits _____

Phone #: _____

Electrical Contractor _____ Cell #: _____

Address _____

City _____ State _____ Zip Code _____ License # _____ Type _____

Cost of Work _____

Signature of Electrical Contractor _____ Approved: _____
Signature of Inspector

Remarks: _____

Note: On request of the issuing authority, the applicant shall furnish plans and design information on all systems to be installed under this permit. All work shall comply with the Connecticut State Building Code.