TOWN OF GROTON
ELECTRICAL PERMIT

Please Print

Return to:
Inspection Services
134 Groton Long Point Road
Groton, CT 06340-4873
Phone: (860)446-5982
Fax: (860)448-4094

PERMIT NO. _____ VALUE $ _____

FEES: ELECTRIC: $ _____ STATE: $ _____ TOTAL: $ _____

NEW BUILDING ____ EXISTING BUILDING ____ POOL WIRING ____

RESIDENTIAL ____ COMMERCIAL ____

DATE: _____

ADDRESS: _____

OWNER: _____ PHONE: _____

OWNER'S ADDRESS: _____ E-MAIL: _____

CONTRACTOR: _____ PHONE: _____

CONTRACTOR'S ADDRESS: _____ E-MAIL: _____

TYPE OF SERVICE: NEW ____ REPLACEMENT ____ TEMPORARY ____ N/A ____

CRS NO.(EVERSOURCE) _____ (GROTON UTILITIES) _____

DESCRIPTION OF WORK: _____

_____

_____

ADDITIONAL INFORMATION:

SIZE OF CONDUCTORS: _____ SIZE OF SERVICE: _____

NUMBER OF PANELS: _____ PHASE: _____

HAVE PLANS BEEN SUBMITTED? _____

CERTIFICATION: I hereby certify that: ☐ 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, codes, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Print Name (in Ink)	Company Name	Phone #
Signature (in INK) of Owner/Authorized Agent	Date	Lic. #

Building Official **Completed Application Received Date**

This permit shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance. Refunds will be subject to the refund policy.