# Town of Groton
# Electrical Permit Application

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

Permit No._____ (For Office Use Only)

Fees: Electrical: _____ State: _____ Total: _____

☐ Residential ☐ Commercial ☐ New Building ☐ Existing Building ☐ Pool Wiring

Value of Project (Cost of Materials and Labor):_____

Property Location (Street Address):_____

Owner's Name (as it appears in Land Records):_____

Mailing Address:_____ Telephone:_____

Town:_____ State:_____ Zip:_____ E-mail:_____

Contractor:_____ Company Name:_____

Mailing Address:_____ Telephone:_____

Town:_____ State:_____ Zip:_____ E-mail:_____

Description of Proposed Work: _____

_____

Type of Service: ☐ New ☐ Replacement ☐ Temporary

☐ Overhead ☐ Underground ☐ N/A

*APPLICANT MUST CALL TO SCHEDULE INSPECTION; INCLUDING TRENCHING FOR UNDERGROUND SERVICE*

Additional Information:

Size of Conductors:_____ Size of Service:_____ No. of Panels:_____ Phase:_____

☐ Eversource- CRS No.: _____ ☐ Groton Utilities (Additional application with GU required)

**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 Telephone Contractor's License #

_____ _____
SIGNATURE in Ink of Owner or Authorized Agent Application Date

_____ _____
Building Official Completed Application 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.