Electric Vehicle Charging (EVC) Station Uniform Permit Application

Date Stamp

Application Date: _____
Municipal Permit #:_____
Property Owner's Name: _____
Property Owner's Address: _____
Telephone: (_____)_____ Fax: (____) _____
Cell Phone: (_____)_____
Email Address: _____
Applicant's Name: _____
Contractor's Business Name: _____
Contractor's License #: _____
Address: _____
Telephone: (_____)_____Fax: (____) _____
Cell Phone: (_____)_____
Email Address: _____

Occupancy Type: Check One
RESIDENTIAL: □ One Family □ Two Family □ Three Family □ Multi Family
COMMERCIAL: Please describe: (i.e. Retail, Business, Parking Garage)

_____

_____

Manufacturer of Charging Station: _____

Location of Charging Station (i.e. Garage, Front or back of building)_____

Type of Charging Station: Wall mounted □ Pedestal type □

□ Level I (120 volts) □ Level II (208/240 volts) □ Level III (480 volts)

EXISTING SERVICE:
Size of Main Breaker:___ Amps Size of EV Branch Circuit ___Amps

SERVICE UPGRADE: □ 60 Amps to 100 Amps
□ 100 Amps to 200 Amps
□ 200 Amps to 400 Amps

Please describe if other:

_____

Size of Main Breaker: ____ Amps Size of EV Branch Circuit ____Amps

NEW SERVICE:
Size of Main Breaker: ____ Amps Size of EV Branch Circuit ____Amps

_____

Value of Work $_____
Total Fee Paid:_____ Paid By:_____

CERTIFICATION: I hereby certify that:
□ I am the owner of record of the named property OR
□ The proposed work is authorized by the owner of record and I have been authorized to make this application as an authorized agent.
□ I/We agree to conform to all applicable laws, regulations and ordinances.

NOTICE: Any false statement made herein which I do not believe to be true and which statement is intended to mislead a public servant in the performance of his or her official function is punishable as a Class "A" misdemeanor pursuant to Connecticut General Statutes Section 53a-157b.

_____ OR _____
Property Owner Authorized Agent

_____ _____
Print Name Print Name

No work shall start until applicant has received the signed approved municipal permit

The following shall be provided if available:
Provide an appropriate map or plot plan showing location.
Global Positioning System (GPS) location/coordinates:_____

_____
PLEASE DO NOT WRITE BELOW THIS LINE, FOR TOWN USE ONLY

Building Official's Signature_____

Date of Approval_____

Conditions of Building Approval _____

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The Municipal Building Official is requested to please provide a copy of this permit to the following:
1. Department of Consumer Protection, Trades and Practices Division, 165 Capitol Ave., Hartford CT 06106
2. A copy to the "Local Municipal Fire Marshal's Office"
3. A copy to the "Local Electric Utility Company's Clearing Desk"

doc:EV PermitApplication/RSNuzzi Revision 23, January 10, 2011