



Town of Marlborough Land Use & Building Department
26 North Main Street
Marlborough, CT 06447
860-295-6202

ELECTRICAL PERMIT APPLICATION

Date of Application _____

Permit # _____

Property address _____

Applicant is: _____ Property owner _____ Contractor _____ License No. _____

Choice of code: (circle choice) 2015 IRC 2017 NEC CRS # _____

Name of Applicant _____ Property Owner _____

Mailing Address _____ Mailing Address _____

Phone Number _____ Phone Number _____

Email Address _____ Email Address _____

Is this application secondary to another permit? _____no _____yes Primary permit # _____

Description of work: _____

Please complete checklist on reverse side. Cost of Materials & Labor _____

I understand that applying for this permit does not guarantee that it will be issued, **and no work shall be done prior to the issuance of said permit or the approval of the Building Official.** I agree to be in compliance with all applicable codes, standards, statutes, and ordinances which may pertain. If other than the owner, applicant hereby certifies that they are authorized by the owner to make this application per C.G. S.20-338B.

THIS IS NOT A PERMIT Signature of Applicant _____

IT IS UNDERSTOOD THAT NO WORK WILL BE STARTED UNTIL THE PERMIT HAS BEEN ISSUED

Verification of Real Estate Taxes Paid _____ Unpaid _____ Tax Collector's Signature _____

Building Permit Validation

Date Received _____ Receipt # _____ Permit Fee \$ _____

_____**APPROVED** _____**DENIED**

Signature _____ Date _____

Robert L. Roraback Building Official

SUBMIT THE FOLLOWING INFORMATION WITH EACH APPLICATION (REQUIRED)

SERVICE CHANGE,

1. Type of service
 - ☐ Overhead
 - ☐ Underground
2. Amperage of existing service
 - ☐ 60
 - ☐ 100
 - ☐ 200
 - ☐ 400
3. Breaker panel location
 - ☐ Basement
 - ☐ Outside
 - ☐ Other
4. Type of overcurrent protection
 - ☐ Circuit breakers
 - ☐ Fuses