

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 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 _____

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"