

Electric Vehicle Charging (EVC) Station Uniform Permit Application

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: _____

Date Stamp

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

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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 _____

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"**