



TOWN OF PRESTON

Building Department
389 Route 2
Preston, Connecticut 06365

FOR TOWN USE ONLY

Permit _____

Completed Application Received

Admin Assistant lpappas@preston-ct.org • 860-887-5581 x103 • Building Official lacombe@preston-ct.org • 860-887-5581 x130

Electrical Permit Application

All work must be done in accordance with the National Electric Code as adopted by the State of Connecticut.

New Construction Addition Renovation Residential Commercial

Property Location (Street Address) _____

Applicant _____ Related Building Permit # _____

Property Owner (if not the Applicant) _____

Address _____ Town/City _____ State _____ Zip Code _____

Phone _____ Work or Home (circle) Mobile _____

E Mail

Electrician's Name _____ License # _____

Address _____ Town/City _____ State _____ Zip Code _____

Phone _____ Work or Home (circle) Mobile _____

E-Mail

New Upgrade Cost of Installation (labor & material) _____
 Existing No Change to service, provide existing service size _____ Amps CRS # _____

	Qty		Qty		Size	Qty
Switches		Telephone Devices		Amp Service Equipment		
Receptacles		Fire Alarm Devices		Amp Service Conductors		
Wiring Controls - Burners		Security Devices		K.W. Surface Unit		
Medium Base Fixtures		Radio-TV		H.P. Garbage Disposal		
Mogul Base Fixtures		Intercom		K.W. Oven		
Fluorescent Fixtures		CATV		K.W. Dishwasher		
Mercury Vapor Fixtures		Vacuum Cleaner Outlet		H.P. Water Pump		
Paddle Fans		Thermostat		K.W. Water Heater		
Bathroom Exhaust Fan		HVAC Control		K.W. Heat Pump		
Rangehood Exhaust Fan		Elevator Cars		K.W. Electric Furnace		
Smoke Detectors (120V)		Misc		Amp Air Conditioner		

Description _____

Signature of Owner or Authorized Agent:

The applicant certifies and agrees as follows: (1) 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 (2) that the information is correct; (3) that the project will comply with all regulations of the Town of Preston which are applicable hereto; (4) that they will only perform work on the above property specifically described in this application; (5) that they grant Town officials the right to enter onto the property for the purpose of inspecting the work permitted

Print Name: _____ Signature: _____ Date: _____

Office Use Only

Valuation _____ Permit Fee _____ Education Fee _____

Total fee due _____ Payment received by _____ Date _____

Special conditions if any _____



TOWN OF PRESTON

Assessor's Office
389 Route 2
Preston, Connecticut 06365
860-889-2529 voice 860-204-0021 facsimile

INFORMATION FOR PERMIT NEEDED BY ASSESSOR

Date of Application _____ Assessor's Tax Map & Lot # _____/_____

The undersigned hereby applies for a permit to: ERECT (), ALTER (), ENLARGE (), REPAIR (), REMOVE (), DEMOLISH (), a building or structure herein described and in accordance with plans and specifications submitted.

LOCATION (Street & No.) _____ PROPERTY OWNER _____

TYPE OF CONSTRUCTION _____ SIZE OF BUILDING _____

GARAGE SIZE _____ x _____ ATTACHED _____ TOTAL FLOOR AREA _____

NUMBER OF BATHS _____ (TILE BATH _____ SHOWER _____)

JACUZZI / HOT TUBS _____ GAL _____ CERAMIC _____)

WALLS _____ FLOORS _____

NUMBER OF BEDROOMS _____

INTERIOR WALLS _____ FLOORING _____

HEATING TYPE _____ FUEL TYPE _____

FIREPLACE _____ FUEL _____

AIR CONDITIONING _____

ACCESSORY BUILDING SIZE _____ USE _____

DECK SIZE _____

EST. CONSTRUCTION VALUE \$ _____

The applicant agrees to comply with all provisions of the building code and with the provisions of all other laws and rules governing building construction.

Signed (Owner or Agent) _____ Print Name _____

DESCRIPTION OF PROPOSED WORK UNDER THIS APPLICATION



State of Connecticut
Workers' Compensation Commission

DIRECTIONS for FILING FORMS 7A, 7B and 7C

Rev. 3-17-2006

7A - 7B - 7C
DIRECTIONS

Building Permit Requirements for Workers' Compensation

Section 31-286b of the Workers' Compensation Act requires anyone who requests a building permit to first submit "proof of workers' compensation coverage for all of the employees who are engaged to perform services on the site of the construction project for which the permit was issued."

The only exceptions to this law are the sole proprietor or property owner who will **not** be acting as general contractor or principal employer.

What to give to the Building Official to obtain a Building Permit:

1. The **General Contractor or Principal Employer** must provide a written certificate of workers' compensation insurance for all of the employees on their project. This certificate may **not** be for liability, disability or any other type of insurance.
2. The **Sole Proprietor or Property Owner who will not act as a general contractor or principal employer** is not required to have workers' compensation coverage. In order to obtain the building permit, a **FORM 7A** should be completed and given to the building official.
3. The **Sole Proprietor or Property Owner who will act as a general contractor or a principal employer** must provide a written certificate of workers' compensation insurance for all of the employees on their project and must file a **FORM 7B** with the building official — **OR** he will sign a sworn notarized affidavit on **FORM 7B**, stating that he will require proof of workers' compensation insurance for all those employed on the job site.
4. The **General Contractor or Principal Employer who has properly excluded himself from coverage** using the appropriate WCC form (see **NOTE** below) must file the **FORM 7C** with the building official. This form certifies that they have properly excluded themselves, and attests that they will require proof of workers' compensation insurance from every employee that works on the designated job site.

NOTE: The general contractor or principal employer may exclude himself from workers' compensation coverage by filing one of the following forms with the appropriate Workers' Compensation Commission district office:

Form 6B for employees who are Officers of a Corporation or Managers / Members of an LLC

Form 6B-1 for employees who are Members of a Partnership



Please TYPE or PRINT IN INK

Proof of Workers' Compensation Coverage When Applying for a Building Permit for a Sole Proprietor or Property Owner who WILL act as General Contractor or Principal Employer.

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit _____

Property located at _____

In the City/Town of Preston, Connecticut

ATTEST

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL act as the general contractor or principal employer, you must provide proof of workers' compensation insurance coverage for all employees.

Complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

CHECK ONE (1) BOX ONLY, provide the appropriate information, and sign:

I am the **OWNER** of the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of OWNER Applicant _____

I am the **SOLE PROPRIETOR** of a business doing work at the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the abovenamed property.

Signature of SOLE PROPRIETOR Applicant _____

I am the **OWNER** of the above-named property or the **SOLE PROPRIETOR** of a business doing work at the above-named property. I will not personally submit proof of workers' compensation insurance coverage, but I will attest to the statement at the end of the page:



Please TYPE or PRINT IN INK

Proof of Workers' Compensation Coverage When Applying for a Building Permit for the Sole Proprietor or Property Owner who WILL NOT act as General Contractor or Principal Employer.

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit _____

Property located at _____

In the City/Town of Preston, Connecticut

ATTEST

If you are the General Contractor or Principal Employer of a business doing work on the site of the construction project at the above-named property and you have properly excluded yourself from workers' compensation coverage by filing one of the appropriate forms listed below with the Workers' Compensation Commission, complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

FIRST — CHECK ONE (1) BOX:

I am: an Officer of a Corporation a Manager or Member of an LLC a Partner in a Business

THEN — CHECK ONE (1) BOX, provide the appropriate information, and sign the Affidavit at the end of the page:

I have filed the following certificate with the Workers' Compensation Commission:

Form 6B (for an Officer of a Corporation, a Manager of an LLC, or a Member of a Multiple-Member LLC)

Form 6B-1 (for a Partner in a Business)

AFFIDAVIT

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-286b of the Workers' Compensation Act.

Signature of OWNER or SOLE PROPRIETOR Applicant _____

Name of Business—if applicable _____

Federal Employer ID# (FEIN)—if applicable _____

Subscribed and sworn to before me this _____ day of _____, 200 _____

Signature of Notary Public / Commissioner of the Superior Court _____