



Elec.
Permit No.

PERMITS MUST BE POSTED ON JOB SITE
CITY OF BRIDGEPORT, BUILDING DEPARTMENT
APPLICATION FOR PERMIT TO DO ELECTRICAL WORK

Building
Permit # _____

This Section To Be Completely Filled Out By Applicant

HOLD HARMLESS/RELEASE

City of Bridgeport and Bridgeport Building Department requires that permittee shall indemnify and hold-harmless "City/Department", it's employees and agents and release both from any and all claims on actions brought by third parties for injuries or damages of property in connection with granting of this permit and work to be performed there under. Permittee may be required to insure against such claims in amounts appropriate to meet such obligation. City/ Department shall have the right to review and specify such amount and scope Of coverage as it may deem appropriate for activities conducted under this permit.

**I HEREBY MAKE APPLICATION FOR A PERMIT TO DO ELECTRICAL WORK-IN ACCORDANCE
WITH THE BUILDING CODE-IN A BUILDING AS HEREINAFTER DESCRIBED:**

Location No.	Street	Date
Nearest Cross St	Owner	Address
Kind of Building - <input type="checkbox"/> Frame <input type="checkbox"/> Brick <input type="checkbox"/> Fireproof <input type="checkbox"/> New <input type="checkbox"/> Old <input type="checkbox"/> Addition		
Size of New Service (Amperes)	Phase	Voltage
Existing Service	Size of Wire	Size of Conduit
No. of Lighting Meters	Owner/House Meter	
No. of Power Meters (3ph/4w)	3Ph/3w	
Type of Occupancy: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Restaurant <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Gas Station <input type="checkbox"/> Health Care <input type="checkbox"/> Other _____		
Number of Families _____ <input type="checkbox"/> Industrial		
Number of Tenant Spaces _____ Number of Floors _____		

Location Floor	Light	Recept.	Switch	Wiring Type:	DESCRIBE WORK TO BE DONE: Attach Detail Drawings(s)
Basement				AC	
First				MC	
Second				Romex	
Third				EMT	
Fourth				PVC	
Fifth				Rigid	
Garage				Other:	
Total					
					Estimate of Value

Receipt No.	FEE =	
Company Name		
Contractor's Address		Contractor
Telephone No.		Signature
State License No.	Classification	
Accepted by Electrical Inspector	Dated	

Contractor Must Receive Permit Before Work Is Started