STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE, EMERGENCY AND BUILDING SERVICES
OFFICE OF THE STATE BUILDING INSPECTOR

Office of the State Building Inspector 2011 Code Enforcement Bulletin

To: Municipal Building Officials
Staff of the Office of the State Building Inspector

Copy: Director Robert J. Ross, Division of Fire Emergency & Building Services
State of Connecticut, Department of Public Safety

From: Lisa R. Humble. AIA, NCARB, State Building Inspector
Office of the State Building Inspector

Date: January 24, 2011

Bulletin: **Issue January #01-2011**

Subject: Electric Vehicle Charging (EVC) Station Uniform Permit Application

Enclosed is an "Electric Vehicle Charging (EVC) Station Uniform Permit Application".

This two page permit application is being distributed to Connecticut's Municipal Building Officials to comply with Connecticut's Electric Vehicle Infrastructure Council's goals as noted in Governor M. Jodi Rell's Executive Order #34. This application has been created to provide a streamlined permit process and a uniform support framework for the arrival of electric vehicles in Connecticut.

The enclosed "Electric Vehicle Charging (EVC) Station Uniform Permit Application" is requested to be completed by individuals requesting a Building Permit where their scope of work involves installing electrical construction support for an electric vehicle charging station.

It is requested that this application be completed in addition to each Municipal Building Official current Building Permit Application. The Municipal Building Officials are asked to distribute and request that permit applicants complete this application.

After completion of the following two page "Electric Vehicle Charging (EVC) Station Uniform Permit Application", each 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"

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 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"**