

PERMIT NO. _____
 LICENSE NO. _____

APPLICATION FOR ELECTRICAL PERMIT

(Application must be typed or printed)

**TOWN OF CHESTER
 CONNECTICUT**

LOCATION OF JOB (NO. & STREET)	MAP	LOT
OWNER	ADDRESS (NO. STREET, TOWN, STATE, ZIP)	PHONE
ELECTRICAL CONTRACTOR	ADDRESS (NO. STREET, TOWN, STATE, ZIP)	PHONE

REMARKS	Fee: to \$1,000 = \$15.00 \$10.00 each add. \$1,000 or part of STATE ED Fee: \$.26 per \$1,000 or part of
APPLICANT	
ADDRESS (NO. STREET)	
TOWN, STATE, ZIP	

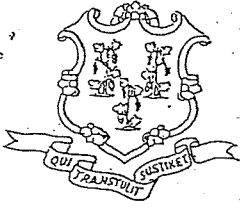
HEAT TYPE _____ MANUFACTURER _____	TYPE OF WORK BEING DONE <input type="checkbox"/> ORIG CONSTRUCTION <input type="checkbox"/> REPAIR <input type="checkbox"/> ALTERATION <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ADDITION	<table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">COST</td> <td style="text-align: center;">FEE</td> </tr> <tr> <td>ESTIMATED</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>ACTUAL</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>DIFFERENCE</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>ADDITIONAL</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		COST	FEE	ESTIMATED	_____	_____	ACTUAL	_____	_____	DIFFERENCE	_____	_____	ADDITIONAL	_____	_____
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All Permits Must Be Posted And Visible From The Street

PANELS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NO.</td> <td style="text-align: center;">CAPACITY AMPS</td> <td style="text-align: center;">INSPECTED</td> </tr> <tr> <td style="text-align: center;">MAIN</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">HEAT</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">GENERAL</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">APPLIANCES</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	NO.	CAPACITY AMPS	INSPECTED	MAIN	_____	_____	HEAT	_____	_____	GENERAL	_____	_____	APPLIANCES	_____	_____	BRANCH CIRCUITS <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">NO</td> <td style="text-align: center;">CAPACITY AMPS</td> </tr> <tr> <td>HEAT</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>SM APPLIANCE</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>LG APPLIANCE</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>GENERAL</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>INDIVIDUAL</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		NO	CAPACITY AMPS	HEAT	_____	_____	SM APPLIANCE	_____	_____	LG APPLIANCE	_____	_____	GENERAL	_____	_____	INDIVIDUAL	_____	_____	OUTLETS <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">NO</td> </tr> <tr> <td>LIGHTS</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>RECEPTICAL</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>SWITCH</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>SM APPLIANCE</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>LG APPLIANCE</td> <td style="text-align: center;">_____</td> </tr> </table>		NO	LIGHTS	_____	RECEPTICAL	_____	SWITCH	_____	SM APPLIANCE	_____	LG APPLIANCE	_____
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All work covered by this application has been authorized by the (owner) or (agent) of this property and will be done according to state regulations. This permit shall lapse if work does not commence within 6 months.	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
_____ Date	_____ Building Official
_____ Applicants Signature	_____ Date



State of Connecticut
Workers' Compensation Commission

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

FORM 10-2023-0016

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.

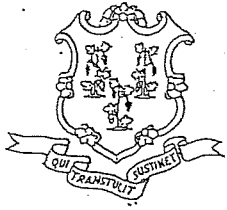
What to give to the Building Official to obtain a Building Permit:

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



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 10-12-2014

7A

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 _____

Test

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 NOT act as the general contractor or principal employer, you are not required to have workers' compensation insurance coverage.

CHECK ONE (1) BOX ONLY and complete the following:

I am the OWNER of the above-named property. I WILL NOT act as the general contractor or principal employer.

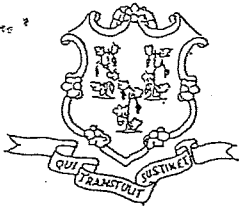
Signature of OWNER Applicant _____

I am the SOLE PROPRIETOR of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

Name of Business _____

Federal Employer ID# (FEIN) _____

Signature of SOLE PROPRIETOR Applicant _____



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 10-22-2004

7B

Proof of Workers' Compensation Coverage when Applying
for a Building Permit for the 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 _____

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 above-named 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 following:

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.

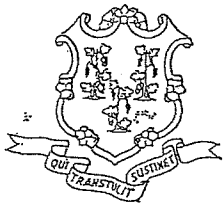
Signature of OWNER or SOLE PROPRIETOR Applicant _____

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 _____



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

REV. 10-12-2004

7C

Proof of Workers' Compensation Coverage when Applying
for a Building Permit for the General Contractor or Principal
Employer who has chosen to be EXCLUDED from Coverage

Applicant for Building Permit

Name of Applicant for Building Permit _____

Property located at _____

in the City / Town of _____

Witness

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 below:

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 GENERAL CONTRACTOR or PRINCIPAL EMPLOYER 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 _____