



# City of Torrington

## ELECTRICAL PERMIT

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Tracking # E07-1620

PERMIT NO: PMT07-002256

Issue Date: 10/4/2007

<p style="text-align: center;"><b>OWNER INFORMATION</b></p> <p>Name: HOLCOMB JAMES &amp; DONNA- Address: 181 COUNTY RD TORRINGTON, CT 06790</p>	<p style="text-align: center;"><b>ELECTRICIAN INFORMATION</b></p> <p>Name: Angelo Pullo Address: 181 County Road Torrington, Ct 06790</p> <p>Ins. Lia. <span style="float: right;">Expire:</span> Ins W/C <span style="float: right;">Expire:</span></p> <p>Lic. No.. Type:</p>
<b>APPLICANT INFORMATION</b>	
<p>Name Angelo Pullo 181 County Rd Torrington CT 06790</p>	

SITE INFORMATION		
Location: 181 COUNTY RD	Map/Block/Lot 142/002/009	Assessor ID 006284
Floor/Unit/Appt#	CRS #	Building Type: House

JOB DESCRIPTION	
<input type="checkbox"/> New Electrical <input checked="" type="checkbox"/> Electrical Alteration <input type="checkbox"/> Electrical Repair <input type="checkbox"/> Electrical Addition	
Detailed Description	Electrical Alteration Install new 200 amp overhead service & ground complete to code

ELECTRICAL FIXTURES		
Ceiling Outlets: Switches: Receptacles - 110: Receptacles - 220:  Signs:	Air Heaters: Ranges: Water Heaters: Lighting Circuits: Other Circuits: Circuits - 2 Wire: Circuits - 3 Wire: Circuits - 4 Wire:	Motors: Panel Size: Range Cond.. Sub. Feeder Size:  <b>Total Svc. Size:</b>

**THE FOLLOWING CONDITIONS ARE A PART OF THIS PERMIT:**  
NONE

THIS PERMIT AND WORK THERE UNDER MUST BE IN ACCORDANCE WITH THE 2005 CT STATE BUILDING CODE, WITH AMENDMENTS, AND CITY REGULATIONS.

\_\_\_\_\_  
Signature of Contractor or Authorized Agent

Estimated Cost: \$900.00	FEES: \$45.16	Approved By: <i>John V. Rondano</i> 10.11.07
<b>Brett Zuraitis - Building Official</b>		



# City of Torrington

## ELECTRICAL PERMIT APPLICATION

Tracking # E07-1620 CRS NO: 100-8461 Application Date: 10/4/07

<b>OWNER INFORMATION</b>		<b>ELECTRICIAN INFORMATION</b> / <u>Class 1</u>	
Name: <u>Jim Holcomb</u>	Name: <u>ANGELO PULLO</u> / <u>ELECT. CO.</u>		
Address: <u>181 COUNTY RD</u> <u>06790</u>	Address: <u>15 SHAWNEE Lane</u> <u>MORRIS CT. 06468</u>		
<b>APPLICANT INFORMATION</b>		Ins. Lia. <u>-</u>	Expire: <u>-</u>
Name: <u>Cell phone 231-1114</u> <u>Angelo Pullo</u> <u>Class 1 Electric</u> <u>CO.</u>	Ins W/C <u>-</u>	Expire: <u>9/30/08</u>	
	Lic. No.: <u>103911</u>		
	Type: <u>E-1</u>		

SITE INFORMATION		
Location <u>181 County Rd.</u>	Map/Block/Lot	Assessor ID
Floor/Unit/Appt#	Building Type:	

JOB DESCRIPTION			
<input type="checkbox"/> New Electrical	<input checked="" type="checkbox"/> Electrical Alteration	<input type="checkbox"/> Electrical Repair	<input type="checkbox"/> Electrical Addition

Detailed Description: INSTALL new 200 Amp overhead service + ground  
complete to code.

ELECTRICAL FIXTURES		
Ceiling Outlets: _____	Air Heaters: _____	Motors: _____
Switches: _____	Ranges: _____	Panel Size: _____
Receptacles - 110: _____	Water Heaters: _____	Range Cond.: _____
Receptacles - 220: _____	Lighting Circuits: _____	Sub. Feeder Size: _____
Signs: <u>(WA)</u>	Other Circuits: _____	Total Svc. Size: <u>200 Amp</u>
	Circuits - 2 Wire: _____	
	Circuits - 3 Wire: <u>(WA)</u>	
	Circuits - 4 Wire: _____	

I HEREBY CERTIFY THAT I AM THE OWNER OR THE OWNER OF RECORD HAS APPOINTED ME AS THE AUTHORIZED AGENT TO APPLY FOR THIS PERMIT. I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION AND THE CT STATE BUILDING CODE. I will require Workers Compensation for all people associated with this project. I will call for all required inspections and will provide in writing, all necessary signatures.

ANGELO PULLO Print Name      Angelo Pullo Signature of Contractor or Authorized Agent      10/4/07 Date

Estimated Cost: <u>\$900</u>	FEES: <u>45.16</u>	Approved By: _____
Permit Fee: <u>45.</u>	State Fee: <u>16.</u>	<u>pd</u> <u>ccorn</u> <u>B</u>



State of Connecticut  
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

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 ANGELO PULLO

Property located at 181 COUNTY RD

in the City / Town of TORRINGTON CT

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 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 Angelo Pullo

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 CLASS 1 ELECTRIC Co

Federal Employer ID# (FEIN) 048-48-1519

Signature of SOLE PROPRIETOR Applicant Angelo Pullo

618-0655		PM		City of Torrington Building Department		Permit No. 806-1497	
Date 1/15/09		Address 181 County Road		Field Inspection Report		E09-1620	
Inspector	Footings	Footings Drains	Hearth	Fire Resistive	Electric service	Smoke shelf	outside
Concrete Slab							
Rough all Trades		Insulation		Final			
Pool Bonding		Pool Final		Gas Pressure Test			
Furnace or Boiler Final		Oil Tank Final		Re-inspect			
Trench		Other		Other			
				Correction List CBS# 100 - 8461			
Source Approved							
. Single family 200 trap							
1135 - 2100							