

Supplement for an Electrical Permit

Before a permit may be issued, this application must be **FULLY COMPLETE** with a listing of all electrical equipment to be installed. After the permit is issued and the work is completed, call to schedule an inspection before the work is concealed.

Date: _____

Permit #: _____

1. Property address which permit is being applied: 2. Occupant's Name: 3. Applicant's Name: 4. Applicant's Address: 5. Applicant's Phone Numbers: Home _____ Work _____ Cell _____	6. Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Legal Agent of the Owner <input type="checkbox"/> Contractor 7. Building is: <input type="checkbox"/> New <input type="checkbox"/> Existing 8. Building Use <input type="checkbox"/> Residential <input type="checkbox"/> Commercial OTHER _____ 9. Work is: <input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Old <input type="checkbox"/> Defects Removed 10. Service Enters Building: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground 11. For sign installation: size of sign: _____ x _____ number of signs: _____ sign manufacturer: _____ listing #: _____ Attach one of the following workers compensation forms: CE -200 Exemption C-105.2 Private Insurance U-26.3 NYS Ins. Fund BP-1 Homeowner only DB-120.1 Disability Coverage
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13. List Below all equipment which you plan to install.

Location	Number of Outlets				# of Fixtures & Lamp Receptacles		Motors			Heaters		Branch Circuits		Office Use Only Inspection
	Ceiling	Side Wall	Attach Recept	Switch	Pendant	Bracket	#	Type	HP Each	#	Watts Each	#	AWG Gauge	
Outside														
Sub-Base														
Basement														
1st Floor														
2nd Floor														
3rd Floor														

14. List other electrical devices not disclosed above

THIS APPLICATION IS INTENDED TO COVER THE INSTALLATION OF THE ABOVE-EQUIPMENT. IF AT THE TIME OF THE INSPECTION, ADDITIONAL EQUIPMENT IS FOUND NOT LISTED ABOVE, THE INSPECTOR IS AUTHORIZED TO MAKE THE INSPECTION AND NOTIFY THE CODE ENFORCEMENT OFFICE.

I affirm under penalty of perjury that all statements made on this application are true.

 Applicant's Signature

 Date