

FORM NO.1-B

PERMIT NUMBER

**BUILDING DEPARTMENT  
VILLAGE OF MONTICELLO**

2 PLEASANT STREET

MONTICELLO, NY 12701

(845) 794-6130 – FAX (845) 794-2327

**Application For ELECTRICAL PERMIT**

Date: \_\_\_\_\_

Instructions

- a. This application must be completely filled in by typewriter or in ink and submitted in duplicate to the Building Inspector.
- b. IF A PERMIT IS ISSUED, SUCH WORK MUST CONFORM TO THE SPECIFICATIONS OUTLINED WITH THIS APPLICATION.
- c. The work covered by this application may not be commenced before the issuance of Building Permit.
- d. Upon approval of this application the Building Inspector will issue an Electrical Permit to the applicant. Such Permit shall be displayed at the job site.
- e. Inspections will be called for in accordance with the schedule listed below.

APPLICATION IS HEREBY MADE to the Building Inspector for the issuance of a Electrical Permit pursuant to the New York State Building and Construction Code for the work, as herein described. The applicant has read the above instructions and agrees to comply with all the applicable laws, ordinances and regulations.

\_\_\_\_\_

\_\_\_\_\_

Name and address for legal notices

\_\_\_\_\_

(Signature of Electrician)

**FOR OFFICIAL USE ONLY (DO NOT WRITE IN THIS BOX)**

Permit Fee: \$ \_\_\_\_\_  Paid Receipt #: \_\_\_\_\_ Date Paid \_\_\_\_\_

Permit  Approved  Disapproved Reason: \_\_\_\_\_

Approved By: \_\_\_\_\_

1. Location at which proposed work will be done:

Section: \_\_\_\_\_ Block Number \_\_\_\_\_ Lot Number \_\_\_\_\_

Street Name and Number \_\_\_\_\_

Owners name as shown on tax record \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

2. State existing use and occupancy of the premises and the intended use and occupancy.

a. Existing use and occupancy of building \_\_\_\_\_

b. Intended use and occupancy of building \_\_\_\_\_

c. If residential number of dwelling units \_\_\_\_\_

3. Nature of Work (check indicating which is applicable)

New Electrical Service  Electrical Service Upgrade No. Existing Meters \_\_\_\_\_ No. Proposed Meters \_\_\_\_\_

Does this work supply newly created apartments OR ADDITIONAL METERS?  YES  NO

Other Work (explain)

\_\_\_\_\_  
\_\_\_\_\_

4. Name of Liability Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Address of Carrier \_\_\_\_\_ Date Policy Expires \_\_\_\_\_

5. Name of Carrier for Workman's Comp. Policy \_\_\_\_\_ Policy # \_\_\_\_\_

Address of Carrier \_\_\_\_\_ Date Policy Expires \_\_\_\_\_

6. Name of Electrician \_\_\_\_\_ Lic. # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

ALL ELECTRICAL WORK MUST BE INSPECTED BY AND A CERTIFICATE OF APPROVAL OBTAINED FROM AN APPROVED AGENCY OR ORGANIZATION.

STATE OF NEW YORK,)

County of \_\_\_\_\_) SS:

\_\_\_\_\_ being duly sworn deposes and says the he/she is the electrician above named. He/she is duly authorized to perform or have performed the said work and to make and file this application; all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County \_\_\_\_\_