

SCTM# \_\_\_\_\_

ZB# \_\_\_\_\_

**Application for Electrical Inspection  
Town of Riverhead**  
(631) 727-3200 EXT. 213, 268, 266, 283  
Fax (631) 208-8039

**Owner of Property:** \_\_\_\_\_ Phone No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Name of Contractor responsible for electrical installation:** \_\_\_\_\_ *Electrical License No.* \_\_\_\_\_

Business Name in full: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell No. \_\_\_\_\_

**Location of Job:** \_\_\_\_\_ Hamlet: \_\_\_\_\_

State use of premises:  Residential  Commercial

Nature of Work: \_\_\_\_\_

Exposed  Concealed  New  Old  Area of proposed construction in total square feet: \_\_\_\_\_

Service Information:

Temp Requested

Size of Mains: \_\_\_\_\_ Feeders: \_\_\_\_\_

Service Enters Building:  Overhead  Underground

**Application fees are made payable to the Town of Riverhead** Fee: \_\_\_\_\_ Type Code: \_\_\_\_\_

APPLICATION IS HEREBY MADE to the Building Department as per Chapter 52 of the Code of the Town of Riverhead.  
STATE OF NEW YORK COUNTY OF SUFFOLK

\_\_\_\_\_ being duly sworn deposes and says that he/she is the applicant above named.

He/She is the \_\_\_\_\_ of said owner or owners, and is duly authorized to perform or have performed the said work and file this application: that all statements contained in this application are true to the best of his/her knowledge and belief: and that all work will be performed in the manner set forth in this application and in the plans and specifications filed herewith.

Sworn to before me this \_\_\_\_\_ day

Of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Electrician \_\_\_\_\_

Notary Public \_\_\_\_\_

Request Date:	Inspection	Remarks: