

SCTM# _____ ZB# _____ Receipt No. _____ Date _____



**Application for Electrical Permit
Town of Riverhead
(631) 727-3200 Ext. 213**

Owner of Property: _____ Phone No. _____

Mailing Address: _____

Location of Job: _____ Hamlet: _____

Name of Contractor responsible for electrical installation:

Business Name in full: _____ License No. _____

Mailing Address: _____

Phone# _____ Cell# _____ **E-MAIL** _____

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 217 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 _____

FOR OFFICE USE ONLY

Request Date:	Inspection	Remarks: