

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: |
|---------------|------------|----------|
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