

SCTM# \_\_\_\_\_ ZB# \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_



**Application for Electrical Permit**  
**Town of Riverhead**  
(631) 727-3200 Ext. 213  
Fax (631) 208-8039

**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 # \_\_\_\_\_ Fax# \_\_\_\_\_ **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: