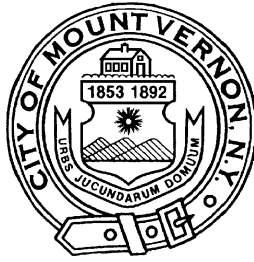


RICHARD THOMAS
MAYOR



CURTIS J. WOODS, P. E.
COMMISSIONER

ELECTRICAL PERMIT CHECKLIST

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH AN ELECTRICAL PERMIT APPLICATION

- Copy of the Building or Equipment Permit with Detailed Specifications of the work
For any type of work other than repair, replacement in kind and removal
OR,
Detailed Specifications of the work
For repair, replacement in kind and removal
- Copy of the violation(s) if the work is to correct a violation(s)
- Copy of Westchester County License
- Certificate of Liability Insurance
Listing the City of Mount Vernon, the 2nd insured and the Department of Buildings of the City of Mount Vernon as a certificate holder
- Certificate of Worker's Compensation
Listing the Department of Buildings of the City of Mount Vernon, as certificate holder
Forms # BP-1, SI-12, U-263, C-105.2 or GSI-105.2
- Certificate of Disability
Listing the Department of Buildings of the City of Mount Vernon, as certificate holder
Forms # DB 120.1 OR DB 155

NOTE

1. The above mentioned checklist must be submitted to the Department of Buildings with the application for an Electrical Permit.

Be advised a revision fee of \$50.00 will be required if the documentation and information are not submitted, as requested.

2. Filing an application does not mean that you have a permit.
3. Any and all work performed without a permit posted, in a conspicuous way at the work site will incur a legalization fee of \$1000.00 or greater.

"The City of Hope"

Department of Buildings

City of Mount Vernon ♦ City Hall ♦ 1 Roosevelt Square ♦ Mount Vernon, NY 10550 ♦ 914-665-2483

PERMIT NO. _____

RECEIPT NO. _____

ELECTRICAL PERMIT APPLICATION

Date _____

An application is hereby made for a permit to perform electrical installation work as described below:

Work to be performed in compliance with the rules and regulations of the Building Codes of the City of Mount Vernon, NY and in accordance to the rules and requirements of recognized code and standards deemed to the most approved methods and practices:

Location _____

Block _____ Lot _____ Type of Building _____

Owner: _____ Address: _____

Lessee: _____ Address: _____

Nature of Work:

BELOW, LIST ALL EQUIPMENT INSTALLED									
LOCATION	NUMBER OF OUTLETS		NO OF FIXTURES & LAMP RECEPTACLES		MOTORS		HEATERS		OTHER (REFRIGERATOR, SMOKE ALARMS, SOLAR PANEL, ETC.)
	SIDEWALL	SWITCH	INCADE	FLUORE	NO	H.P. EACH	NO.	WATTS EACH	
OUTSIDE									
BASEMENT									
1 ST FLOOR									
2 ND FLOOR									
3 RD FLOOR									

Firm Name: _____	
Address: _____	Phone: _____
Electrician: _____	License Number: _____

If in RE: New Building give Permit Number N.B. _____
If in RE: Alteration give Permit Number ALT . _____

If existing Building Repair Only – Estimated Cost _____ Fee _____
If existing Building New Installation – Estimated Cost _____ Fee _____

ELECTRICAL INSPECTION COMPANIES

- 1. WESTCHESTER AND ROCKLAND ELECTRICAL INSPECTION COMPANY**
42 NORTH LAWN
ELMSFORD, NY 10523
TEL: 914-347-3595
FAX: 914-347-3596

- 2. STATE WIDE INSPECTION SERVICES**
116 SOUTH CENTRAL AVENUE
ELMSFORD, NY 10523
TEL: 914-909-4471
FAX: 914-219-1062

- 3. CERTIFIED ELECTRICAL INSPECTINS INC.**
411 THEODORE FREMD AVENUE
SUITE 206 SOUTH
RYE, NY 10580
TEL: 888-238-1338
FAX: 631-598-0541

- 4. NEW YORK ELECTRICAL INSPECTION SERVICES**
150 WHITE PLAINS ROAD, SUITE 104
TARRYTOWN, NY 10591
TEL: 914-347-4390
FAX: 914-347-4394