



City of Elmira
 Inspection Services Department
 Phone: (607) 737-5653
 http://www.ci.elmira.ny.us

101 W. Second St.
 Elmira, NY 14901
 Fax: (607) 733-5235

Application for an Electrical Permit

Before a permit may be issued, this application must be **FULLY COMPLETE** with a listing of all electrical equipment to be installed. After the permit is issued and the work is completed, call Inspection Services at (607) 737-5705 to schedule an inspection before the work is concealed.

Date: _____

Permit #: _____

1. Property address which permit is being applied: 2. Occupant's Name: 3. Applicant's Name: 4. Applicant's Address: 5. Applicant's Phone Numbers: Home Work Cell	6. Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Legal Agent of the Owner <input type="checkbox"/> Contractor 7. Building is: <input type="checkbox"/> New <input type="checkbox"/> Old 8. Building Use <input type="checkbox"/> Residential <input type="checkbox"/> Commercial 9. Work is: <input type="checkbox"/> New <input type="checkbox"/> Additional <input type="checkbox"/> Old <input type="checkbox"/> Defects Removed 10. Service Enters Building: <input type="checkbox"/> Overhead <input type="checkbox"/> Underground 11. ESO # _____ (REQUIRED for new service) Provided by NYSEG 12. For sign installation: size of sign: _____ x _____ number of signs: _____ sign manufacturer: _____ listing #: _____
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13. List Below all equipment which you plan to install.

Location	Number of Outlets				# of Fixtures & Lamp Receptacles		Motors			Heaters		Branch Circuits		Office Use Only
	Celling	Side Wall	Attach Recept	Switch	Pendant	Bracket	#	Type	HP Each	#	Watts Each	#	AWG Gauge	Inspection
Outside														
Sub-Base														
Basement														
1st Floor														
2nd Floor														
3rd Floor														

14. List other electrical devices not disclosed above

THIS APPLICATION IS INTENDED TO COVER THE ABOVE-LISTED EQUIPMENT TO BE INSPECTED, BUT IF AT THE TIME OF THE INSPECTION, THERE IS FOUND ADDITIONAL EQUIPMENT NOT LISTED ABOVE, THE CITY OF ELMIRA IS AUTHORIZED TO MAKE THE INSPECTION AND ADJUST THE FEE TO COVER THE ADDITIONAL EQUIPMENT, AS PROVIDED BY THE APPLICANT.

I affirm under penalty of perjury that all statements made on this application are true.

 Applicant's Signature

 Date