BUILDING DEPARTMENT
Inc. Village of Sag Harbor
55 Main St., P.O. Box 660
Sag Harbor, N.Y. 11963
631-725-0224
631-725-4852 FAX
buildingdept@sagharborNY.gov

DEPARTMENT USE ONLY

RECEIVED:_____

BUILDING PERMIT NO.:_____

SCTM:_____

FEE: **$20.00**

APPLICATION TO PERFORM ELECTRICAL WORK

Property Owner Name:	Electrical Contractor Name (or "Owner", if Owner is performing work):
Project Address: SAG HARBOR, N.Y. 11963	Contractor Address:
Owner Mailing Address:	Contractor Phone:
Owner Phone:	Master Electrician License No.:

If Owner is performing work, attach diagram of wiring.
If electrician is performing work, this form must be signed by the electrician.

Inspection agency to be used:

Name	Telephone
Mailing Address	Fax
City, State, Zip	

APPLICANT IS RESPONSIBLE FOR SCHEDULING ALL INSPECTIONS WITH THE ELECTRICAL INSPECTION AGENCY
ROUGH (OPEN WALL) INSPECTIONS MUST BE PERFORMED. **INSPECTIONS PURSUANT TO NFPA 73 (SURVEYS) ARE NOT ACCEPTED**.

ALL INSPECTIONS MUST BE COMPLETED BY THE AGENCY SELECTED

Description of work to be performed:

_____

_____

_____

STATE OF NEW YORK } ss.:
COUNTY OF _____ }

_____ being duly sworn deposes and says that he is the individual above named, he is the
NAME OF INDIVIDUAL PERFORMING WORK

(owner, contractor) and is duly authorized to perform or have performed the work described above and to make and file this
CIRCLE ONE

application; that all statements contained in this application are true to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application.

Sworn to before this

_____ day of _____ 20____ _____
SIGNATURE OF INDIVIDUAL PERFORMING WORK

_____
NOTARY PUBLIC

Notary Public _____ County