



Date Received: _____ Paid: _____; Receipt #: _____

TOWN OF CHAUTAUQUA / VILLAGE OF MAYVILLE

Community Municipal Building ~ 2 Academy Street ~ Mayville, NY 14757
Phone: (716) 753-3433 ~ Fax: (716) 753-5239, E-mail, nyacklon@townofchautauqua.com

ELECTRICAL INSTALLATION PERMIT APPLICATION

PROJECT IS SUBJECT TO THE NEW YORK STATE FIRE PREVENTION AND BUILDING CODE AND TOWN OF CHAUTAUQUA CODE: LOCAL LAW 2-1993 CHAPTER 143.

Estimated Cost of Construction: \$ _____ . Date of Construction: _____

DATE ISSUED: _____ PERMIT NUMBER _____

EXPIRATION: _____ VARIANCE REQUIRED ____ YES ____ NO

***Village of Mayville Projects Notified*: ____ YES ____ NO Village Electric App: _____**

1. PROPERTY INFORMATION

LOCATION: SECTION _____ BLOCK _____ LOT _____

ADDRESS _____
Street/Rd City/Town Zip

2. OWNER INFORMATION

NAME _____ PHONE _____

MAILING ADDRESS _____,

3. CONTRACTOR'S INFORMATION

NAME _____ PHONE _____

ADDRESS / E-mail _____

INSURANCES: Liability, Disability (D.B. 120.1), Workers Comp. _____ Will Submit

NYS WORKERS COMP. (Form 105.2) _____ Will Submit

NYS WORKERS COMP EXEMPTION – CE 200: _____

Old Order Amish Liability: _____

4. THIRD PARTY ELECTRICAL INSPECTION INFORMATION:

COMPANY: _____ PHONE / E-mail: _____

THIRD PARTY INSPECTOR'S NAME _____

All projects must be inspected for all phases of work (rough, final, etc.) and Final Electrical Certificate must be submitted to our office before Certificate of Compliance will be issued.

5. UFPO REGISTRATION NUMBER _____
(IF NEEDED) NYS Dig Safely # 1-800-962-7962.

6. DRAWINGS(ATTACHED) OR DESCRIPTION/**Scope OF WORK:**

Notes/Specifications

AFFIDAVIT

I swear that to the best of knowledge and belief the statements contained in this application are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the Building Codes and Zoning Codes and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner. I acknowledge that the Zoning Code information relating to the applicant's District has been reviewed.

Applicant Signature _____ Date _____

Print Name _____