



TOWN OF SOUTHAMPTON

Department of Land Management - Building & Zoning

116 Hampton Road, Southampton, NY 11968
 Electrical: 631-702-1830 | Fax: 631-287-5754
 www.southamptontownny.gov/buildingzoning

**FOR BUILDING DIVISION
 USE ONLY**

RECEIPT NO. _____

RECEIPT DATE: _____

1 ST: _____
 2 ND: _____
 3 RD: _____
 FINAL: _____

ELECTRICAL PERMIT APPLICATION

Check One: **NEW APPLICATION** **RENEWAL APPLICATION**

Fee will be doubled if work done prior to applying for permit. **NO EXCEPTIONS*
Fee will be doubled if inspection is requested with a New Application. **NO EXCEPTIONS*

*Temp. Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspection Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	Rough Wiring <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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Suffolk County Tax Map # _____ Building Permit No. _____

Owner of Property _____ Phone #: _____

Mailing Address _____ E-mail: _____

Name of Electrical Contractor: _____ Phone #: _____

Suffolk County License#: _____ Expiration Date: _____

Business Name in Full: _____

Mailing Address _____ E-mail _____

State Use of Premises: Residential Commercial Industrial

Location of Property _____

Street and Number

Hamlet

Nature of Work: _____

Itemized Work:

Main Floor sq. ft	2nd Floor sq. ft	Finished Basement sq. ft
Garage sq. ft	Alteration/Renovation sq. ft	Accessory Building -1st Floor sq. ft
Swim Pool	Hot Tub/Spa	A/C
Solar	Generator	Gates
Cell Tower	Sign	
Other		

Fee: _____ Type Code: _____ Services: New Service Change Service

Size of Mains: _____ Feeders: _____ Service Enters Building: Overhead Underground

False statements made herein are punishable as a class A Misdemeanor pursuant to Section 210.45 of the New York State Penal Law.

Submitted by (please print): _____