



# 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

**FOR INSPECTIONS EMAIL: [requestelectricalinspection@southamptontownny.gov](mailto:requestelectricalinspection@southamptontownny.gov)**

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:**

<b>Main Floor</b> sq. ft	<b>2<sup>nd</sup> Floor</b> sq. ft	<b>Finished Basement</b> sq. ft
<b>Garage</b> sq. ft	<b>Alteration/Renovation</b> sq. ft	<b>Accessory Building -1st Floor</b> sq. ft
<b>Swim Pool</b>	<b>Hot Tub/Spa</b>	<b>A/C</b>
<b>Solar</b>	<b>Cell Tower</b>	<b>Gates</b>
<b>Generator:</b> <input type="checkbox"/> Electric _____ KW <input type="checkbox"/> Fuel Type <input type="checkbox"/> Gas <input type="checkbox"/> Diesel		
<b>Other</b>		

Fee: \_\_\_\_\_ Type Code: \_\_\_\_\_ Services:  New Service  Change Service

Size of Mains: \_\_\_\_\_ Feeders: \_\_\_\_\_ Service Enters Building:  Overhead  Underground

- COMPLETE AND ATTACH - [Open Government Disclosure Form](#)
- COMPLETE AND ATTACH - [Owner Endorsement Form](#)

Note: if this permit is for an [Innovative Alternative Septic System \(IASS\)](#), a Suffolk County Department of Health Services approval (final survey) depicting the location and type of system approved will be required for the issuance of Certificate of Compliance.

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): \_\_\_\_\_