"For Building Division Use Only"

RECEIPT NO. _____
RECEIPT DATE: _____

***Temp. Requested** ☐ **Yes** ☐ **No**
Inspection Requested ☐ **Yes** ☐ **No**

Print Form

"Official Use Only"
Appointments
1st _____
2nd _____
3rd _____
Final _____

ROUGH WIRING
Approved ☐
Disapproved ☐

ELECTRICAL APPLICATION

TOWN OF SOUTHAMPTON

116 HAMPTON ROAD, SOUTHAMPTON, NEW YORK 11968
DEPARTMENT OF LAND MANAGEMENT • BUILDING AND ZONING DIVISION

INCOMPLETE APPLICATIONS WILL BE RETURNED
INSTRUCTIONS:

1. **Please provide a correct Suffolk County Tax number.**
2. **The application must be notarized.**
3. **Type code and nature of work must be f lled out.**

APPLICANT MUST FILL OUT THIS SECTION COMPLETELY

Suffolk County Tax Map No. _____-_____-_____-_____ Building Permit No. _____
Owner of Property _____ Phone No. _____
Mailing Address _____ E-mail _____
Name of Electrical Contractor responsible for electrical installation:
Business name in full: _____ Phone No. _____ Fax No. _____
Mailing Address _____ E-mail _____
County Electrical Lic. No. _____ Southampton Town Reg. Cert. No. _____ Expiration Date _____
Location of Property:
Street and No. _____
Village or Hamlet _____
State use of premises: ☐ ***Residential*** ☐ ***Commercial*** ☐ ***Industrial***
Nature of work: _____
_____
Area of proposed construction in total square feet: _____
Fee: _____ Type Code: _____
Additional Fees: _____ **NOTE:** *Fees accrued due to additional work must be paid prior to issuance of an electrical certificate*
Services: ☐ New Service ☐ Change Service
Size of Mains _____ Feeders _____
Service Enters Building: ☐ Overhead ☐ Underground

To call in an inspection:
Dial (631) 702-1830 to request Electrical Inspection
When leaving a message please leave the following information:
1. Receipt number.
2. Property location.
3. Type of inspection (i.e. new service, roughing and final).
4. Your name and telephone number (It is important that you leave a telephone number where you can be reached so if there is a problem and/or question we may contact you).

To call for Technical Assistance:
Dial (631) 702-1816, 1817, or 1819 from 6:30 a.m. - 8:00 a.m.

NO INSPECTIONS WILL BE SCHEDULED UNLESS:
- All Counts are faxed or left at the job site.
- Contractors must meet Inspectors for services over 300 amps or jobs over 3,000 sq. ft.

APPLICANT MUSTSIGN AND NOTARIZE

APPLICATION IS HEREBY MADE to the Building Division as per Chapter 123 of the Code of the Town of Southampton.
County of Suffolk)
State of New York) SS

_____ being duly sworn deposes and says that he/she is the applicant named above.
(Name of individual performing work)

He/She is the, _____ , and is duly authorized to perform or have performed the said work and
(Contractor or Owner)
to make and file this application: that all statements contained in this application are true to the best of his/her knowledge and belief: and that the work will be performed in the manner set forth in the application and in the plans and the specifications f led herewith.

Sworn to me before this
_____ day _____ of 20 ___ Signature of Individual Performing Work _____
_____

Notary Public _____ County _____