

RECEIPT NO. \_\_\_\_\_

RECEIPT DATE: \_\_\_\_\_



# 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

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>Battery Energy Storage Systems</b> _____ kWh	<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: \_\_\_\_\_ Service:  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):** \_\_\_\_\_