



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

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	Cell Tower	Gates
Battery Energy Storage Systems _____ kWh	Generator: <input type="checkbox"/> Electric _____ KW <input type="checkbox"/> Fuel Type <input type="checkbox"/> Gas <input type="checkbox"/> Diesel	
Other		

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

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

COMPLETE AND ATTACH - [Open Government Disclosure 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): _____