| RECEIPT NO. | |
|---------------|--|
| RECEIPT DATE: | |



TOWN OF SOUTHAMPTON

Department of Land Management - Building & Zoning

116 Hampton Road, Southampton, NY 11968 Electrical: 631-702-1843 www.southamptontownny.gov/buildingzoning

| 1 ST: _ | | |
|---------|------|------|
| 2 ND: | | |
| 3 RD: _ | | |
| FINAL: | | |

FOR BUILDING DIVISION

USE ONLY

NEW ELECTRICAL PERMIT APPLICATION

| | *Fee will be doubled if work done prior to applying for permit. NO EXCEPTIONS | | | | |
|--|--|--------------------------------|--|--|--|
| *Temp. Requested | | Approved | | | |
| | No | Disapproved | | | |
| FOR INSPECTION REQUESTS GO TO: www.southamptontownny.gov/electricalinspection | | | | | |
| | | | | | |
| 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 | Mailing Address | | | | |
| State Use of Premises: Residential Commercial Industrial | | | | | |
| Location of Property | | | | | |
| | reet and Number | Hamlet | | | |
| Nature of Work: | | | | | |
| Itemized Work: | | | | | |
| Main Floor | 2 nd Floor | Finished Basement | | | |
| sq. ft | sq. ft | sq. ft | | | |
| Garage | Alteration/Renovation | Accessory Building -1st Floor | | | |
| sq. ft | sq. ft | sq. ft | | | |
| Swim Pool Solar | Hot Tub/Spa Cell Tower | A/C | | | |
| Battery Energy Storage Systems | <u>_</u> | Gates | | | |
| kWh | Generator: Electric KW Fuel Type Gas Diesel | | | | |
| Other | | tion – Quantity | | | |
| other | 27 0.1018.118.018 | | | | |
| Fee: Type Cod | :: Type Code: Service: New Service Chang | | | | |
| Size of Mains: Feeders: | Service Enters | Building: Overhead Underground | | | |
| Size of Mains: Feeders: Service Enters Building: Overhead Underground | | | | | |
| COMPLETE AND ATTACH - Open Government Disclosure Form | | | | | |
| Note: if this permit is for an <u>Innovative Alternative Septic System (IASS)</u> , 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. | | | | | |
| (intal survey) depicting the location and type of system approved will be required for the issuance of certificate of compilative. | | | | | |
| 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): | | | | | |