



CITY OF ITHACA

108 East Green Street Ithaca, New York 14850-5690

BUILDING DEPARTMENT – 4TH Floor

Telephone: 607 274-6508 Fax: 607 274-6521

BUILDING PERMIT APPLICATION FOR ELECTRICAL WORK

PLEASE PRINT LEGIBLY

Is there an existing Building Permit for this project?: Yes Permit #: _____ No

Project Street Address: _____ Tax Parcel #: _____

Location of work: _____ Building is: New Existing

Occupant's Name: _____ Phone: _____

Owner's Name: _____ Phone: _____

Owner's Address: _____

Licensed Electrician: _____ Phone: _____

Electrician's Mailing Address: _____ Cell Phone: _____

(City / State / Zip Code)

Electrical License #: _____ Exp. Date: _____ City/State Issuing License: _____

NYSEG Ithaca Reference #: _____ NYS Burglar / Fire Alarm License #: _____

Describe Work: _____

Type: New Additional Repairs Alteration Replacement

Violations Corrected: (Requires Elec. Survey)

Work is: Exposed Concealed

Fire Alarm System: New Existing

Pool: New Existing

Service enters: Overhead Underground

Size of Mains: _____ Feeders: _____ Parallel Size: _____

No. of meters: _____ Phase: 1Ø 3Ø Branch circuits No. of Circuits: _____

Date for work to begin: _____ Date to be completed: _____ Date inspection requested: _____

This application is intended to cover the above-listed equipment to be inspected. However, if at time of inspection there is found additional equipment not listed above, you are authorized to make the inspection and adjust the fee to cover the additional equipment, as provided by the applicant.

Required Liability / Workers' Compensation / Disability insurance carried by Owner Contractor will be in force at all times during the work.

Applicant's Name: _____ Phone: _____

(Please Print)

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:					
Completed: ____ / ____ / ____					
Project Type:	New Building <input type="checkbox"/>	Addition <input type="checkbox"/>	Defects Removed <input type="checkbox"/>	Change of Use <input type="checkbox"/>	Relocate <input type="checkbox"/>
	Demo <input type="checkbox"/>	Site Work <input type="checkbox"/>	Repair <input type="checkbox"/>	Alt-1 <input type="checkbox"/>	Alt-2 <input type="checkbox"/>
			Alt-3 <input type="checkbox"/>	HUD Code:	_____
Permit #:	_____	Received:	_____	Amount of fee:	_____
				Receipt #:	_____
Issued:	____ / ____ / ____	(Expires 2 years after issue date)	Signature of Inspector:	_____	

Basement 1st Fl 2nd Fl 3rd Fl Garage Attic Outside # of Apts. _____ Res. Comm.

1. SERVICE DISCONNECT			2. NO. OF METER EQUIPMENT		
AMT.	AMP.	TYPE	AMOUNT		

3. SERVICE									
1 Ø 2W	1 Ø 3W	3 Ø 3W	3 Ø 4W	NO. OF CURRENT CARRING CONDUCTORS PER PHASE	SIZE OF CURRENT CARRING CONDUCTOR PER PHASE	NO. OF NEUTRALS	SIZE OF NEUTRALS	NO. OF HI-LEGS PER PHASE	SIZE OF HI-LEG WHERE APPLICABLE

4. FIXTURE OUTLETS		5. RECPTACLES		6. SWITCHES		7. FIXTURES		
						INCANDESCENT	FLUORESCENT	OTHER

8. RANGES		9. COOKING DECKS		10. OVENS		11. DISHWASHERS		12. EXHAUST FANS		13. ELEC. ROOM HEATERS	
AMT.	K.W.	AMT.	K.W.	AMT.	K.W.	AMT.	K.W.	AMT.	H.P.	AMT.	K.W.

14. DRYERS		15. FURNACES			16. FUTURE APPLIANCE FEEDERS			17. SPECIAL RECEPTACLES		
AMT.	K.W.	OIL	H.P.	GAS	H.P.	AMT.	NO.	AWG.	AMT.	AMP.

18. TIME CLOCKS		19. BELL TRANSFORMERS		20. UNIT HEATERS		21. MULTI-OUTLET SYSTEMS NO. OF FEET			22. DIMMERS	
AMT.	AMP.			AMT.	RATING				AMT.	WATTS

23. ELEC. WATER HEATER		24. SIGNS						
AMT.	K.W.	AMT.	NO. OF LAMPS OR TRANSFORMERS		TYPE		TOTAL RATING	
					INC	<input type="checkbox"/>	VA.	<input type="checkbox"/>
					FL.	<input type="checkbox"/>	WATTS	<input type="checkbox"/>
					GT.	<input type="checkbox"/>	AMPS.	<input type="checkbox"/>

25. OTHER APPARATUS	

26. MOTORS			
AMT.	H. P.	AMT.	H. P.

27. PANELS		
AMT.	NO. OF CIRCUITS	RATING

28. TRANSFORMERS			
AMT.	KVA	AMT.	KVA

29. G. F. C. I. SMOKE DETECTORS	

30. TRACK LIGHTING	
NO. OF FEET	

31. DISPOSAL	
AMT.	H. P.

I hereby certify that I have inspected the equipment listed to be installed as hereinabove described and recommended that a certificate of inspection be issued.

INSPECTOR: _____

DATE APPROVED: _____