



TOWN OF CLAVERACK
Building Department
91 Church Street, PO Box V
Mellenville, NY 12544
PHONE 518- 672-4471 / FAX 518-672-4821

ELECTRICAL APPLICATION

THE FOLLOWING MUST BE SUBMITTED AT TIME OF APPLICATION

- APP FORM COMPLETED INSURANCE SUBMITTED
 FULL DESCRIPTION OF WORK TO BE PERFORMED CONSENT IF APPLICABLE

Name: _____

Address: _____

Location of proposed work: _____

Phone: _____

- Commercial Residential

DESCRIPTION:

- Service Upgrade Distribution Wiring Repair Other

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE.

Date: _____ Signature: _____

INSPECTIONS REQUIRED:

Rough Electrical before walls are closed

Final Electrical inspection by third party list provided in application (submit copy of said inspection)

Final inspection by this office if required for compliance for issuance of Certificate of Compliance

FEE \$150.00

PERMIT # _____ EXPIRE: _____