



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

Electrical application for completed, Proof of insurance (C105.2, NYS Insurance Fund, or Homeowners), Letter of authorization (if required), & Full description of work to be performed.

Owner of Property: _____

Address: _____

Phone Number: _____ Cell: _____ Home: _____

Commercial: _____ Residential: _____ (Check one that applies)

DESCRIPTION OF WORK:

Service upgrade: ____ Distribution Wiring: ____, Generator: ____, Repair: ____

Other: _____

Electrician Name: _____ Company: _____

Address: _____

Phone: _____ Office: _____ Cell _____

I HEARBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE

Date: _____ Signature: _____
(OWNER)

Date; _____ Signature: _____
(ELECTRICIAN)

INPSECTIONS REQUIRED:

Rough Electrical & Final Electrical inspection by third party list proved in application
(submit a copy of said inspection)

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

Fee \$150.00