

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 V	VORK:	
Service upgrade:	_Distribution Wiring:,	Generator:, Repair:
Other:		
Cost of Electrical Wo		
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 inspe (submit a copy of said inspection)	ction by third	party list proved in application
Final inspection by this office if required Compliance	for Complian	ace for issuance of Certificate of
Fee \$150.00		

Updated 9/2023