# **APPLICATION FOR ELECTRIC PERMIT**

## **TOWN OF CHARLOTTE**

8 Lester Street, P.O. Box 482, Sinclairville, NY 14782 Phone: (716) 962-6047 Fax: (716) 962-3843

## PLEASE COMPLETE ALL REQUIRED INFORMATION.

(Incomplete applications cannot be processed)

PROJECT LOCATION:			Official Use Only	
Street Address:				
Tax Map No.: Section	Block	Lot	Permit No	
APPLICANT INFORMAT	<u>ION:</u>		Σλρії σσ.	
APPLICANT:			Phone:	
Mailing Address:			Cell:	
City:	State:	Zip:	Email:	
OWNER:			Phone:	
Mailing Address:			Cell:	
City:	State:	Zip:	Email:	
PRINCIPAL CONTRACTOR:			Phone:	
Contact Name:			Fax:	
Mailing Address:			Cell:	
City:	State:	Zip:	Email:	
PROJECT DESCRIPTIO	N: (Please check all th	hat apply to the project	)	
☐ New Service ☐ Alteration	on to Existing Service	e 🔲 Si	ingle Phase	
Single-Family Multi-Fa	amily Commercia	al Name of Elec	trical Inspector:	
Voltage: 120 / 240	120 / 208 🔲 277 / 4	480 4800 / 320	Y Size of New Service: Amps	
List any single loads in excess	s of 2,000 watts:			
Description of the proposed we	ork:			

#### **INSURANCE REQUIREMENTS:**

In accordance with Workers' Compensation Law §57 and §220(8) the following New York State Workers' Compensation Board documents must be submitted with the Application for Electrical Permit and before any work is started: (*Please not that all WCB forms are submitted under penalty of perjury.*)

**BP-1 Form** - This form may be submitted if YOU ARE THE OWNER of a 1, 2, 3, or 4 family, owner-occupied residence and meet one of the following criteria:

- You are performing all the work for which the building permit will be issued.
- You will not be hiring, paying or compensating in any way, the individual(s) that will be performing all of the work for which the building permit will be issued or helping you perform such work.
- You have a homeowners insurance policy that is currently in effect and covers the property listed on the building
  permit AND you will be hiring or paying individual(s) a total of less than 40 hours per week (aggregate hours for all
  paid individuals on the jobsite) for which the building permit will be issued.

Forms may be obtained in the Permit Office or www.charlotteny.org.

- OR -

**CE-200 Form** - If a contractor has been hired and he/she is doing the work is a sole proprietor or a partnership and has no employees, form CE-200 must be filed, for each project. (This does not apply to subcontractors) This form can be completed and printed at www.wcb.ny.gov or by calling (866) 546-9322.

- OR -

If the contractor doing the work hires any part-time or full-time help or leases employees, the following proofs of insurance must be on file with this office naming the Town of Charlotte as the Certificate Holder:

- Certificate of New York State Workers' Compensation Insurance (CE-200, C-105.2, U-26.3 or SI-12) ACORD forms are not acceptable proof of workers' compensation insurance.
- Certificate of Insurance Coverage under the New York State Disability Benefits Law (CE-200, DB-120.1 or DB-155)

#### **PERMIT CONDITIONS:**

- The Electrical Permit placard MUST be displayed in a conspicuous location on the building site until a final electrical inspection has been performed and a Certificate of Compliance is issued by the Code Officer.
- Any deviation from the approved permit must be approved by the Code Enforcement Officer.
- The work covered by this application must not be started prior to the issuance of the Electrical Permit and payment has been received.
- All electrical work must be inspected by a certified third party inspection agency. Final electrical certificates
  must be submitted to this office before a Certificate of Compliance can be issued. It is the owner or contractor's
  responsibility to contact the proper inspection agency. The following inspection agencies have been approved by
  this office:

Electrical Inspections of WNY, John Christopher Dean - (716) 672-7333 Gleason Enterprises, Mike Gleason - (716) 338-7108

### **APPLICANT SIGNATURE:**

Application is hereby made to the Town of Charlotte for the issuance of an Electric Permit. To the best of my knowledge, information and belief, all statements contained in this application are true, complete and correct, and all work will be performed in the manner set forth in the application and in the plans and specifications filed therewith, and in accordance will all applicable laws, ordinances and regulations.

Applicant Signature:		Date:			
OFFICIAL USE ONLY					
Received:	Fee: \$	Cash: Check No.: Permit No.:			
Approved:	Denied:	Expires: Certificate of Compliance:			
Code Enforcement Officer	:				