

TOWN OF EASTCHESTER BUILDING & PLANNING DEPARTMENT

40 Mill Road
Eastchester, NY 10709

Phone: (914) 771-3317
Fax: (914) 771-3322

building@eastchester.org
www.eastchester.org

ELECTRICAL PERMIT APPLICATION PACKAGE

(For generators, see Generator Permit Application)

SUBMISSION REQUIREMENTS FOR ELECTRICAL PERMITS:

1. Complete the Electrical Permit Application and Count Sheet and submit with the following information:
 - a. Electrical Inspection Service Application
 - b. Permit Fee:
 - New Construction:
 - One- or Two-Family Residence or an Individual Unit in a Multi-Family Building: \$100
 - Multi-Family or Commercial: \$250
 - Additions/Alterations:
 - One- or Two-Family Residence or an Individual Unit in a Multi-Family Building: \$50
 - Multi-Family or Commercial: \$50 for up to 20 outlets/fixtures; \$100 for more than 20 outlets/fixtures
 - Commercial and Multi-Family HVAC systems*: \$100 plus \$10 per ton over 10 tons
 - c. Contractor Information:
 - Electrical License
 - Liability Insurance
 - Workers' Compensation Insurance
 - Disability Insurance

Note: All application materials and fees must be submitted together as a complete set. Piecemeal submissions will not be accepted.

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INSURANCE REQUIREMENTS

In accordance with Workers' Compensation Law §57 and §220(8)

3 Separate Insurance Certificates are REQUIRED

1. **LIABILITY INSURANCE:** ONLY liability insurance is permitted on the ACORD form.
2. For **WORKERS' COMPENSATION INSURANCE**, ONLY the following forms are acceptable:
 - **CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensations and/or Disability Benefits Coverage
 - **C-105.2** - Certificate of Workers' Compensation Insurance (Note: the State Insurance Fund provides its own version of the form - the **U-26.3**)
 - **SI-12** - Certificate of Workers' Compensation Self-Insurance
 - **GSI-105.2** - Certificate of Participation in Workers' Compensation Group Self-Insurance
3. For **DISABILITY INSURANCE**, ONLY the following forms are acceptable:
 - **CE-200** - Certificate of Attestation of Exemption from NYS Workers' Compensations and/or Disability Benefits Coverage
 - **DB-120.1** - Certificate of Disability Benefits Insurance
 - **DB-155** - Certificate of Disability Benefits Self-Insurance

Certificate holder must be listed as: Town of Eastchester, 40 Mill Road, Eastchester, NY 10709

Permitted hours of construction: 8:00 am-6:00 pm, Monday-Friday

November 21, 2019

ELECTRICAL PERMIT APPLICATION

Electrical Permit Fee: _____ Date Received: _____

Property Address: _____

Section: _____ Block: _____ Lot(s): _____

Property Owner Name: _____

Property Owner Address: _____

Phone #: _____ Email: _____

Lessee (if any): _____

Address: _____

Phone #: _____ Email: _____

Name of Electrician as it Appears on the License: _____

Electrical Company Name: _____ License # _____

Electrical Company Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Office Phone #: _____

The proposed work consists of the following:

- | | |
|---|--|
| <input type="checkbox"/> New Electrical Service | <input type="checkbox"/> Extension or Repair to Existing Installation |
| <input type="checkbox"/> Electrical Installation of Elevator Equipment | <input type="checkbox"/> Electrical Installation for Oil Burning Equipment |
| <input type="checkbox"/> Electrical Installation for Special Equipment | <input type="checkbox"/> Low Voltage Alarm Installation |
| <input type="checkbox"/> Fire Alarm Installation (Requires 2 sets of drawings by licensed architect or engineer) | |
| <input type="checkbox"/> Other (indicate): _____ | |

This application is for the following type of use (check appropriate box):

Additions/Alterations:

- One- or Two-Family Residence
or an Individual Unit in a Multi-Family Building
- Commercial or Multi-Family*

New Construction

- One- or Two-Family Residence
or an Individual Unit in a Multi-Family Building
- Commercial or Multi-Family

***If the proposed work is related to an addition/alteration to a commercial or multi-family property, indicate:**

Number of proposed fixtures/outlets: _____ Number of Electrical Meters: _____

Description of Proposed Scope of Work: _____

NOTICE

*** The undersigned requests that a permit be issued to perform the electrical installation described herein and more fully on the attached application to the electrical inspection agency. Such work shall conform with all provisions of the New York State Building Code, National Electric Code and any and all applicable codes of the Town of Eastchester.**

Signature of Westchester County Licensed Electrician: _____ Date: _____

