

# NEW YORK BOARD

**Electrical** Effective 04/23/2010

New York Board  
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(845) 298-6792

Email this form to [pdecina@newyorkboard.org](mailto:pdecina@newyorkboard.org)

Date:  Time:

Permit Number:  City/Town/Village:  County:

Dept Contact:  Dept Fax:  Fax Date:  Time:

Location/ Address:  Owner:  Phone #:

Applicant:  Phone #:

Section/Block/Lot Number:  Fax To:  Faxed:

License Number:  Email/Mail To:  Mailed:

Number of stories: <input type="text"/>	<input type="checkbox"/> New	<input type="checkbox"/> Commercial	<input type="checkbox"/> 1st floor	<input type="checkbox"/> 3rd floor	<input type="checkbox"/> Basement
	<input type="checkbox"/> Existing	<input type="checkbox"/> Residential	<input type="checkbox"/> 2nd floor	<input type="checkbox"/> Attic	<input type="checkbox"/> Garage

## TYPE OF WORK

<input type="checkbox"/> Accessory building	<input type="checkbox"/> Alterations	<input type="checkbox"/> In ground pool	<input type="checkbox"/> Hot tub	<input type="checkbox"/> Low voltage
<input type="checkbox"/> Addition	<input type="checkbox"/> Electrical	<input type="checkbox"/> Above ground pool	<input type="checkbox"/> Electrical survey	<input type="checkbox"/> Other

Description:

Utility company: <input type="text"/>	Main Panel Rating (amps): <input type="text"/>	Air handler: <input type="text"/>
Receptacles: <input type="text"/>	Garbage disposal: <input type="text"/>	Elect. baseboard: <input type="text"/>
Switches: <input type="text"/>	Water heater: <input type="text"/>	Range: <input type="text"/>
Lighting (Inc): <input type="text"/>	GFCI: <input type="text"/>	Dryer: <input type="text"/>
Lighting (flo): <input type="text"/>	AFCI: <input type="text"/>	Dishwasher: <input type="text"/>
Lighting (hid): <input type="text"/>	AC compressor: <input type="text"/>	Paddle fans: <input type="text"/>
Fractional fan: <input type="text"/>	Other equipment: (list) <input type="text"/>	Cable TV: <input type="text"/>

## OFFICIAL USE ONLY - Article Number:

Inspection label placement: ☐ Service panel ☐ Equipment ☐ BP card ☐ Window

### FAILED TO COMPLY WITH THE UNIFORM CODE

Violations

Inspector's initials:  Date:  ☐ Rough wire ☐ Final wire

### SATISFACTORY AS COMPLETED

☐ Rough wire Inspector's initials:  Date:

☐ Final wire Inspector's initials:  Date:

☐ **OK TO C/C**

Inspector's signature & date

