

# NEW YORK BOARD

**City of Poughkeepsie** Effective 02-15-2012

New York Board  
PO Box 1558  
Wappingers Falls, NY 12590  
(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 #:

Section/Block/Lot Number:  Applicant:  Phone #:

License Number:  Fax To:  Faxed:

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:  Service Request Number:

Main Panel Rating (amps): <input type="text"/>	Type: <input type="checkbox"/> SC <input type="checkbox"/> CT <input type="checkbox"/> Switchgear	Voltage: <input type="text"/>	<input type="checkbox"/> 1 Phase <input type="checkbox"/> 3 phase
	<input type="checkbox"/> New	Number of meters: <input type="text"/>	<input type="checkbox"/> Change of service <input type="checkbox"/> U.G. <input type="checkbox"/> O.H.

Receptacles: <input type="text"/>	Garbage disposal: <input type="text"/>	Elect. baseboard: <input type="text"/>	Smoke detector: <input type="text"/>
Switches: <input type="text"/>	Water heater: <input type="text"/>	Range: <input type="text"/>	CO Det: <input type="text"/>
Lighting (Inc): <input type="text"/>	GFCI: <input type="text"/>	Dryer: <input type="text"/>	Burner: <input type="text"/>
Lighting (flo): <input type="text"/>	AFCI: <input type="text"/>	Dishwasher: <input type="text"/>	Telephone: <input type="text"/>
Lighting (hid): <input type="text"/>	AC compressor: <input type="text"/>	Paddle fans: <input type="text"/>	Cable TV: <input type="text"/>
Fractional fan: <input type="text"/>	Other equipment: (list) <input type="text"/>		
Air handler: <input type="text"/>			
Door bell: <input type="text"/>			

Description:	<input type="text"/>
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