

MICHAEL P. GALIME, MAYOR
CITY OF UTICA



DEPARTMENT OF CODE ENFORCEMENT
1 KENNEDY PLAZA
UTICA, NEW YORK 13502
PHONE: (315) 792-0163
FAX: (315) 792-0219

| | |
|-----------------|--|
| PERMIT # | |
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ELECTRICAL PERMIT APPLICATION

Property Owner Name: _____

Job Address: _____

Property owner Phone # _____ Email: _____

CONTRACTOR

Business Name: _____

Contractor Address: _____

Licensed Electrician Name: _____

Phone #: _____ Email: _____

License # _____ Date of Installation: _____

DESCRIPTION OF PROPOSED WORK

Appropriate information must be provided for remodeling or interior alternations. For exterior installations such as AC units or generators a site plan or copy of the property survey with the location of the equipment indicated is required.

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| ERS/WR or ACCT # | Service Size: |
| | |

SMOKE & CO DETECTORS MUST BE INSTALLED IN ACCORDANCE WITH NYS BUILDING CODES.

BASE FEES

| | | | |
|--------------------------|--------------------------------------------------|---------------|---------------|
| <input type="checkbox"/> | Electrical Items Qty. | X \$2.00 each | |
| <input type="checkbox"/> | Commercial: New/Additions | Units: X \$60 | |
| <input type="checkbox"/> | Commercial: Renovation/Remodel | Units: X \$40 | |
| <input type="checkbox"/> | One & Two Family New Construction/Additions | Units: X \$30 | |
| <input type="checkbox"/> | One & Two Family Renovation/Remodel | Units: X \$25 | |
| <input type="checkbox"/> | Multiple Dwellings New Construction/Additions | Units: X \$25 | |
| <input type="checkbox"/> | Multiple Dwellings Renovation/Remodel | Units: X \$25 | |
| <input type="checkbox"/> | Dormant Service | Units: X \$25 | |
| <input type="checkbox"/> | CERTIFICATE FEE | \$25 | |
| | | | TOTAL: |

| | | |
|--------------|---------------------------------|---------------|
| Plan Review: | Cost of Job Base: \$25 | |
| | \$0.75/ Per Thousand > \$33,000 | |
| Check # | Date: | TOTAL: |

| | |
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| <p>I, the undersigned property owner or authorized agent of the owner, am familiar with the requirements of the Workers Compensation Law and declare that (check the following):</p> <p><input type="checkbox"/> I have filed the required proof as affirmed by my insurance carrier.</p> <p><input type="checkbox"/> I have no people working directly for me and therefore require no Workers Compensation insurance. Should there be any change in my status during the exercise of this permit, I will so advise the Building Department and comply with all requirements.</p> | <p>In consideration of granting this permit, the undersigned property owner or authorized agent of the owner hereby agrees to comply with the terms thereof, the Laws of the State of NY, and the regulations of the various departments of the City of Utica, request all necessary inspections and authorize and provide means of entry to the premises for the inspector. Furthermore, the undersigned property owner or authorized agent of the owner has read and will comply with these conditions. The undersigned property owner and authorized agent of the owner hereby certifies that all of the information in this petition is true and correct.</p> |
| <p>ELECTRICAL PERMIT FEE: \$ _____</p> <p style="text-align: center;">Make checks payable to: City of Utica (No Cash)</p> | <p style="text-align: center;">X _____</p> <p style="text-align: center;">Registered Applicants Signature</p> |