

SCTM# _____

ZB# _____

**Application for Electrical Inspection
Town of Riverhead**
(631) 727-3200 EXT. 213, 268, 266, 283
Fax (631) 208-8039

Owner of Property: _____ Phone No. _____

Mailing Address: _____

Name of Contractor responsible for electrical installation: _____ *Electrical License No.* _____

Business Name in full: _____ Phone No. _____ Fax No. _____

Mailing Address: _____ Cell No. _____

Location of Job: _____ Hamlet: _____

State use of premises: Residential Commercial

Nature of Work: _____

Exposed Concealed New Old Area of proposed construction in total square feet: _____

Service Information:

Temp Requested

Size of Mains: _____ Feeders: _____

Service Enters Building: Overhead Underground

Application fees are made payable to the Town of Riverhead Fee: _____ Type Code: _____

APPLICATION IS HEREBY MADE to the Building Department as per Chapter 52 of the Code of the Town of Riverhead.
STATE OF NEW YORK COUNTY OF SUFFOLK

_____ being duly sworn deposes and says that he/she is the applicant above named.

He/She is the _____ of said owner or owners, and is duly authorized to perform or have performed the said work and file this application: that all statements contained in this application are true to the best of his/her knowledge and belief: and that all work will be performed in the manner set forth in this application and in the plans and specifications filed herewith.

Sworn to before me this _____ day

Of _____ 20_____

Signature of Electrician _____

Notary Public _____

Request Date:	Inspection	Remarks: