

# ELECTRICAL PERMIT

Permit Fee is \$50.00

---

TOWN OF EDEN BUILDING DEPARTMENT  
2795 EAST CHURCH STREET  
EDEN, NY 14057

TEL: 716-992-3576  
FAX: 716-992-4131  
EMAIL: [building@edenny.gov](mailto:building@edenny.gov)

---



## ELECTRICAL PERMIT INFORMATION AND CHECKLIST

Electrical permits are needed where the primary work being performed is electrical in nature. If electrical work being performed is part of another permit (ie: new construction, additions, alterations, swimming pools etc.) this permit is not required. Electrical work that requires a permit is but not limited to the following:

- New Generator installation
- Service Upgrade
- Additional Circuits / Lighting / Outlets and the like
- Replacement of old

**ALL ELECTRICAL WORK MUST BE INSPECTED BY A THIRD-PARTY INSPECTOR APPROVED BY THE TOWN OF EDEN. THE LIST OF APPROVED INSPECTORS IS AT THE BOTTOM OF THIS PAGE.**

### APPLICATION CHECKLIST

All of the following items **MUST** be submitted with this application in order to obtain an Electrical Permit

**A copy of the existing and most current and accurate survey OR site plan.**

This is for service and generator projects. On a copy of survey or site plan plot the location of generator and service to home with measurements of the setbacks to all property lines.

**WORKING PLANS** (2 sets req'd)- an accurate set of working plans, drawn to scale when possible,

**CONTRACTOR PROOF OF INSURANCE.** If a contractor is doing the work, provide a copy of their Worker's Comp and Disability insurance certificate and list the Town of Eden and additional insured.

# ELECTRICAL PERMIT

Permit Fee is \$50.00

TOWN OF EDEN BUILDING DEPARTMENT  
2795 EAST CHURCH STREET  
EDEN, NY 14057

TEL: 716-992-3576  
FAX: 716-992-4131  
EMAIL: [building@edenny.gov](mailto:building@edenny.gov)



**APPLICATION MUST BE COMPLETELY FILLED OUT** (incomplete applications will **NOT** be accepted)

## 1. APPLICANT/OWNER

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
TOWN \_\_\_\_\_ ZIP \_\_\_\_\_  
APPLICANT IS:  Owner  Contractor  Agent  Engineer  Other (specify) \_\_\_\_\_

## 2. LOCATION (if same as applicant above list "same")

STREET ADDRESS \_\_\_\_\_

## 3. CONTACT INFO (if same as applicant above list "same") Owner Contractor Other \_\_\_\_\_

NAME \_\_\_\_\_ PHONE #1 \_\_\_\_\_  
EMAIL \_\_\_\_\_ PHONE #2 \_\_\_\_\_

## 4. CONTRACTOR INFORMATION (if same as applicant above list "same")

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## 5. PROPOSED PROJECT (check all that apply)

SERVICE UPGRADE  GENERATOR/ GENERATOR TRANSFER SWITCH  
 ADDITIONAL CIRCUITS / LIGHTING / OUTLETS  OTHER \_\_\_\_\_

## 6. PROJECT DESCRIPTION (basic description, use, size and cost of what is being proposed)

What is being Built: \_\_\_\_\_  
What is it being used for: \_\_\_\_\_  
Proposed Size \_\_\_\_\_ (length, width and/or height in feet)  
Project estimated cost (estimate only - does not affect assessment) \$ \_\_\_\_\_

## 7. EXISTING UTILITIES ON PROPOSED PROJECT PROPERTY (determines zoning user group)

WATER:  Public  New Well  Existing Well  None  
SEWER:  Public  New Septic  Existing Septic  None

**8. CONTRACTOR WORK**

Are wages being paid for performance of this work (are you hiring a Contractor?)  YES  NO

IF **YES**, provide proof of NYS Worker's Compensation and Disability benefits.

**ACCEPTABLE PROOF**

- Form DB121.1 NYS Disability
- CEE 200 for NYS Disability & Workers Compensation Exemption
- Form C105.2 or U-26.3 Workers Compensation

**9. NATIONAL GRID SERVICE NUMBER (required for service work)**

SERVICE NUMBER \_\_\_\_\_

**10. STARTED WORK**

Has any work included in the application been started or completed YES  NO  If **YES** Explain

\_\_\_\_\_  
\_\_\_\_\_

**11. APPLICATION CERTIFICATION:**

In consideration of the permit applied for, the undersigned hereby agrees that he/she will comply with the Code of New York, Town of Eden Code and any other laws which may be applicable that he/she will preserve the establishment of lot lines, disclose all information to the Code Enforcement Officer, and that he/she will not use nor permit to be used the structure by the application until a Certificate of Occupancy (CO) or Certificate of Compliance (C/C ) is legally issued.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. INCLUSIONS:**

All documents and information required on the provided checklist **MUST** be submitted with this application.

**FOR OFFICE USE ONLY – Application to be submitted to the Town of Eden CLERK**

Permit Fee: \$50.00 \_\_\_\_\_

Additional Fee's \_\_\_\_\_ Reason: \_\_\_\_\_ Total Fee Due \$ \_\_\_\_\_

**Payment must be made by Cash, Check or Credit Card    Check made payable to the Eden Town Clerk**

Date Received by Clerk \_\_\_\_\_ Amount Credited \$ \_\_\_\_\_ Cash \_\_\_ CC\_\_\_ Check # \_\_\_\_\_

Application # \_\_\_\_\_ Amount Due \$ \_\_\_\_\_ Cash \_\_\_ CC\_\_\_ Check # \_\_\_\_\_