

ELECTRICAL PERMIT

Permit Fee is \$50.00

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

TEL: 716-992-3408
FAX: 716-992-4131
EMAIL: 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.

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 General Liability, Worker's Comp and Disability insurance certificates and list the Town of Eden as additional insured OR NYS Certificate of Attestation of Exemption (CE200)

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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 General Liability Insurance, 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
- Certificate of General Liability Insurance

IF NOT hiring a contractor or doing the work yourself – A Certified Attestation of Exemption (NYS CE200) is required.

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 Fees _____ 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 # _____