TOWN OF SMITHTOWN
Suffolk County, NY
APPLICATION FOR
ELECTRICAL WORK, CENTRAL AIR CONDITIONING*
&
GENERATORS**
The following is to be filled in by the Applicant

(To be filled in by Building Department)

Application/Permit No. _____

S.C.T.M. No. 0800- _____ - _____ -_____

Receipt # _____Permit Fee _____

Zoning District _____Variance #_____

Plan Approved by _____

Permit Issued _____20_____

Permit Expires _____20 _____

Property is located at _____ City _____

Owner's Name _____ Telephone Number _____

Address _____

City _____ State_____ Zip _____

Contractor_____Phone No. _____Address _____

Electrician_____Phone No. _____Address _____

Plumber_____Phone No. _____Address _____

Zoning District _____ **Tax Map # SCTM 0800-** _____ - _____ -_____

ELECTRICAL INSPECTION AGENCY_____

DESCRIPTION OF WORK: _____

_____

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION

Commercial permits must be submitted with a "Letter of Intent" and authorization from the property owner.
Three sets of architect's sealed plans may also be required with Commercial applications. ***See instructions for commercial work***

- Copy of deed or contract of sale for new owner (*"proof of ownership"*)
- Copy of all contractors' Suffolk County License (Photo ID) and insurance with valid expiration dates (Worker's Compensation and Disability forms)*
- Excavation Affidavit – only when electrical work is buried underground.
- Fee Due - *Cash or check payable to Town of Smithtown*

FEE (For office use only)

Total Fee _____

Contact your chosen electrical inspection agency (list available upon request) prior to beginning any work and request their electrical work application and procedures for inspections.

The following must be submitted before a Certificate of Compliance can be issued:

- Electrical certificate from approved agency
- Central Air Conditioning/HVAC* requires a letter of certification from contractor (residential notarized- commercial PE or RA signed & sealed)
- Generator** requires notarized letter from installer of generator certifying that all work was installed as per the Building Code of & manufacturer specifications

***If not on file -*See* -**Insurance requirements** Certificate Holder: Town of Smithtown 99 West Main St., Smithtown

AFFIDAVIT

I_____ as the_____ being duly sworn depose and state that to
(Print name) *(Owner, Owner's Agent, Architect, Contractor)*
the best of my knowledge and belief the statements contained in this application together with the plans and specifications submitted are a true and complete statement of all proposed work to be done on the described premises as it has been approved by the Town of Smithtown and that all provisions of the Zoning and Building Ordinance and the State Building Code and all other laws pertaining to the proposed work shall be complied with, and that such work is authorized by the owner.

Sworn to before me this: Signature _____
(Owner, Owner's Agent, Architect, Contractor)

_____ Day of _____ 20_____

_____
(Notary Public, New York)

Notary stamp