

Send to Electric

Department of Buildings

Date _____

Village of Freeport

Permit# _____

Application for Permit to Wire or Rewire Electrical Installations

Master Electrician _____ License No. _____

Company Name _____

Designated Inspection Agency _____

Location of Work _____

Type of Work to Be Performed (complete bottom section for all work involving the electric service interconnection)

_____ Est. Cost _____

Address of Owner _____

.....
The undersigned hereby makes application for an electrical permit and does agree to comply with all of the provisions of the Village of Freeport Code.

This application is to be accompanied by a completed application to a Freeport approved Inspection Agency.

It is to be understood that all work is to be inspected and certified by a Freeport approved Inspection Agency before being concealed. Fees for such inspections are not covered by the Village Electrical Permit.

.....
Affidavit of Master Electrician:

_____ being duly sworn, deposes, and says that he is the master electrician employed by the above named owner and is duly authorized to perform the work described

Applicant's Signature _____ State of New York)
County _____)

Address _____ Sworn to before me on this:

_____ day of _____, 20__

The following section is to be completed for all change of service permits:

Service is:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Overhead | <input type="checkbox"/> Under Ground |
| <input type="checkbox"/> Single Phase | <input type="checkbox"/> 3 Phase |
| <input type="checkbox"/> New | <input type="checkbox"/> Existing |
| <input type="checkbox"/> Greater than 200 Amps | |
| <input type="checkbox"/> Utility Reconnect Required
(Must submit Inspection Certificate) | |

Notary Public



Certified Electrical Inspections, Inc.

188 Park Avenue • Amityville, NY 11701 • Tel (631) 598-5610 • Fax (631) 598-0541 • www.cel-ny.com

ELECTRICAL INSPECTION FORM Application #:

APPLICANT	OWNER/TENANT LAST NAME	<input type="checkbox"/> New Structure <input type="checkbox"/> Reno/Addition	Date Filled
COMPANY NAME	OWNER/TENANT FIRST NAME	Nearest Intersection	
STREET	STREET	Section	Block Lot
CITY	CITY	Building Permit #	
STATE ZIP CODE	STATE ZIP CODE	Town/Village Application #	
COMPANY PHONE #	HOME PHONE #	Sq. Footage of Inspection Area	
CELL PHONE #	CELL PHONE #	Email Address	
COMPANY FAX #	WORK PHONE #	Inspector (Official Use Only)	

Residential
 Commercial
 Rough
 Temp
 As-Built
 Survey
 Final
 Open Wall
 Closed Wall

Basement # of Bath Bed Family Dining Kitchen Laundry Office Living Hall
 1st Floor # of Bath Bed Family Dining Kitchen Laundry Office Living Hall
 2nd Floor # of Bath Bed Family Dining Kitchen Laundry Office Living Hall

Porch
 Deck
 Shed
 Porfco
 Generator
 Central A/C
 Garage
 Converted
 Attached
 Detached

Pool
 Above Ground
 In Ground
 Hot Tub
 New
 Existing

Service 100Amp 150Amp 200Amp 320Amp 400Amp 800Amp
 3ø Phase
 Overhead
 Reconnect Service
 1ø Phase
 Underground
 Fire Reconnect

Additional Inspection Details:

Inspector Use Only

Date	Rough	Trench	Temp	Closed Wall As Built	Closed Wall Survey	Final	Re-Inspection

Inspectors Notes:

Estimated Total:	T.O.B License #	T.O.H License #	T.N.H License #	Suffolk License #	Other#
------------------	-----------------	-----------------	-----------------	-------------------	--------

Toll Free: (888) 238-1338 • Fax: (631) 598-0541



Electrical Inspection Service, Inc.

375 Dunton Avenue, East Patchogue, NY 11772
Tel: (631) 286-6642 Fax: (631) 2866683

Date: _____

Worksheet

Contractor Homeowner

Village: _____ Town: _____ (Hagstrom) Map: _____ Grid: _____
 Number: _____ Street: _____ Zip: _____ Pole: _____
 (Between) Cross St: _____ (And) Cross St.: _____
 (County) Map: _____ Section: _____ Block: _____ Lot _____
 (Owner) Name: _____ Tel: _____ (Contr) Tel 2: _____
 (Owner Address) Number: _____ Street: _____ C/S/Z: _____

Residential	Indoor	1st Floor	Attic/3rd	Pool	Survey
Commercial	Outdoor	2nd Floor	Basement	HotTub	No Visual Defect
New Bldg.	Renovation	Addition	Out Bldg.		CSST Bond

<input type="checkbox"/> Service Only <input type="checkbox"/> Plastic Pipe	Service is:	Overhead	New Service	Change	Meters	Amps	Phase
		Temp Issued	Underground	Re-Connect			

Switches	Receptacles	Fixtures	GFI's	Photovoltaics # Panels Size Inverters # Size System Size 1 2 3
Fans	Smoke Detect.	CO/Combo	CAC	
Furnace	Oil	Gas	Circ. Heaters	
Range/Amps	Oven/Amps	Dishwash/Amps	Wash/Amps	Receptacles: _____
Dryer/Amps	Microwave/Amps	HydroTub/Amps		Switches: _____

Other Equipment

GFI's _____ SD _____ CO/Comb _____
 Fan's _____ Inspection Complete
 Comments Violations Fee:

Installed By: _____ Lic. # _____ Permit # _____
 Address: _____ Phone _____ Fax _____
 C/S/Z: _____ Email _____

Inspections: First: _____ Second: _____ Third: _____ Re-Inspect: _____ Final: _____

 Inspectors Signature Contractors Signature Homeowners Signature

OFFICE USE ONLY Appointment Day: _____ Date: _____ Time: _____ Inspector: _____



Tele: 631-647-7447

Fax: 631-647-7445

Website:

www.lieinspectors.com

Email:

Valerieliei@optimum.net

Long Island Electrical Inspectors, Inc
21 Third Avenue
Bay Shore, NY 11706

Sent to: _____

Office Use Only

Date: _____

Requested By:

Company Name: _____

License No: _____

Address: _____

Phone #: _____

Fax # / E-mail: _____

Job Is: Residential Commercial Industrial

Job Location:

Name: _____

Address: _____

Cross Street: _____ Township: _____

Phone #: _____

Permit #: _____

Tax Map District: _____ Section: _____ Block: _____ Lot: _____

Brief Description Of Job: _____

(Please Circle All That Apply)

Is job ready for inspection: Yes / No Rough Inspection Final
Do you need a Temp Certificate: Yes / No

Temp Information:

Service Size: Phase: 1 3 Other: _____ Amps: 100 150 200 300 350 400 Other: _____

New Service Re-connect Underground Change of Service Overhead Underground Number of Meters: _____

Fax to PSE&G Fax to Electrician Fax to PSE&G and Electrician Email to Electrician



ALLIANCE ELECTRICAL INSPECTIONS LTD

PHONE: 516-280-9494 / 516-280-9495 | FAX: 631-539-6055
APPLICATIONS ALSO AVAILABLE ONLINE @ ALLIANCEEIL.COM!

MAIN OFFICE:
584 ARDSLEY BLVD, SUITE 202
GARDEN CITY S, NY 11530

Today's Date: ___/___/___

JOB INFORMATION

Permit Number: _____ Section / Block / Lot: _____/_____/_____

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip Code: _____

Owner Name: _____ Owner Contact: (_____) _____

Please mark all that apply:

Residential Commercial As Built Survey Rough Final

Specific areas to be inspected (1st floor kitchen, etc): _____

Ready now: Not yet, will notify office: Schedule with: (Applicant: / Owner)

APPLICANT INFORMATION

Company: _____ Licensed Electrician: _____

Address: _____ Apt/Suite: _____

City: _____ State: _____ Zip Code: _____

Contact: (_____) _____ License Number: _____ -Town of _____

TEMP CERTIFICATE (IF NEEDED)

Service Size: _____ Amp Overhead Underground Note: _____

OTHER

Other details of inspection: _____

SIGNATURE OF LICENSED ELECTRICIAN: _____

All applications MUST be approved and signed by the licensed electrician who completed the electrical work.
Please refer to specific towns and villages for permit needs and requirements.
If an application is missing a permit number, there may be a delay in processing your application and certificates.
www.allianceeil.com

300 EAST MEADOW AVENUE
 EAST MEADOW, NEW YORK 11554
 OFFICE 516.794.0400
 FAX: 516.794.5854
 Info@eiiny.com
 Web Sites: www.eiiny.com
 www.nybfu.com



600 JOHNSON AVENUE, STE. D2
 BOHEMIA, NEW YORK 11716
 OFFICE: 631.650.0200

Electrical Inspectors, Inc.

INSPECTION ORDER FORM

THIS IS NOT AN ELECTRICAL CERTIFICATE

RESIDENTIAL COMMERCIAL H/O WIRED

NEW WORK
 RENOVATION
 SURVEY EXISTING

APPLICANT: (Person Requesting Inspection)					OWNER/TENANT: (Location to be Inspected)				
NAME			ACCOUNT NAME		NAME			DBA	
ADDRESS				LICENSE #	ADDRESS				
CITY		STATE	ZIP		CITY		STATE	ZIP	
PHONE			CELL		HOME			CELL	
REQUESTED INSPECTION DATE		EMAIL OR FAX			NEAREST CROSS STREET			TOWNSHIP/VILLAGE/CITY (MUNICIPALITY)	
<input type="checkbox"/> SATURDAY	BOTH AVAILABLE AT ADDITIONAL COSTS		CONTACT PERSON		SECTION	BLOCK	LOT	BUILDING PERMIT #	
<input type="checkbox"/> SAME DAY SERVICE									

SPECIAL INSTRUCTIONS: _____

AREA TO BE INSPECTED (ONLY CHECK BOXES OF AREAS TO BE INSPECTED)

AREAS TO BE INSPECTED	BATH	BED	DECK	DINING	FAMILY	FOYER	HALL	KITCHEN	LAUNDRY	LIVING	MASTER BATH	MASTER BED	OFFICE	PANTRY	PORCH	STORAGE	SUN	WALK-IN CLOSET	OTHER
BASEMENT																			
1ST FLOOR																			
2ND FLOOR																			
FLOOR																			

CAR GARAGE ATTACHED DETACHED POOL ABOVE GROUND IN GROUND CENTRAL A/C _____ (quantity) (CHECK ONLY IF PART OF INSPECTION)
 GENERATOR _____ (size) (CHECK ONLY IF PART OF INSPECTION)

SERVICE AUTHORIZATION TO INSTALL: FIRE RECONNECT (EMERGENCY) MOVE NEW OUTSIDE REPAIR RECONNECT (EXISTING)
 SHUT DOWN SOLAR TEMPORARY UPGRADE

SERVICE OVERHEAD 100A 200A 400A 800A 1Ø METER SERIAL # _____
 # METER UNDERGROUND 150A 300A 600A ___A 3Ø

OTHER AREAS NOT LISTED ABOVE _____

The applicant requesting this inspection (survey) attests that there are no open applications for the above, with any other authorized inspection agency. Also they understand and agree to pay all fees until the above passes the National Electrical Code and/or all local codes. The undersigned also affirms they have the authorization of the property owner to submit this application. Only the applicant will be given any information pertaining to the inspection. Local codes may require homeowner to take a test to perform any electrical work in their own home prior to inspection. It may also be necessary to obtain a building permit from your Town/Village/City Building Department before commencing with any electrical work and/or inspection of this work. Electrical Inspectors, Inc. is not listing, labeling, underwriting or certifying any equipment, materials or devices which are performed by other certified testing laboratories, inspection agencies, or other organizations concerned with product evaluation. The Applicant/Owner/Authorized Agent agrees to all Terms and Conditions set forth on the front and back of this application.

FORM OF PAYMENT: MASTER CARD VISA AMEX CHECK # _____ BILL ACCOUNT (ONLY IF APPLICABLE)

MY CREDIT CARD NUMBER _____ CVV# _____ EXPIRATION DATE _____

*AND HEREBY AUTHORIZE "ELECTRICAL INSPECTORS, INC. (dba NYBFU)" TO CHARGE SERVICES ON THIS ACCOUNT FOR PAYMENT THIS ACCOUNT FOR PAYMENT. I AGREE TO THE TERMS AS DESCRIBED FOR THIS CARD.

PRINT NAME AS IT APPEARS ON CARD _____ APPLICANT PRINT NAME _____

SIGNATURE OF CARDHOLDER _____ DATE _____ SIGNATURE OF APPLICANT _____ DATE _____

PLEASE MAKE ALL CHECKS PAYABLE TO "ELECTRICAL INSPECTORS, INC." RETURNED CHECKS WILL AUTOMATICALLY VOID ANY CERTIFICATE ISSUED. IN ADDITION TO SUBMISSION OF AN NOV TO THE MUNICIPALITY, YOU MAY BE RESPONSIBLE FOR TWICE THE FACE VALUE AS REQUIRED BY STATE LAW.



Nassau Suffolk Electrical Inspectors
 159 Rt. 25ABldg. 1, Suite B
 Miller Place, NY 11764
 Voice: (631) 495-8136
 Fax: (631) 509-4538
 Email: Requests@SuffolkBEI.com

REQUEST FOR INSPECTION FAX FORM

REQUESTED BY Date: _____

Company Name: _____

Name: _____

License No.: _____

Address: _____

Phone Number: _____

JOBSITE INFORMATION (* indicates required information)

*Name: _____

*Address: _____

*Cross Street: _____

*Phone: _____

Permit No.: _____

Hagstrom map: _____

Tax map District: _____ Section: _____ Block: _____ Lot: _____

***BRIEF DESCRIPTION OF WORK** (Please Print Clearly) _____

(Please Circle All That Apply)

*Is job ready for inspection: Yes / No Rough In Final

*Do you need a Temp Certificate: Yes / No

Temp Information (if needed):

*Service Size: 1Phase 3Phase 100 150 200 300 350 400 Other:

*New Service Re-connect Underground Number of Meters Change of Service Overhead

*Fax Temp to LIPA Fax Temp to Contractor Fax Temp to Contractor and LIPA

Additional Information: