

Obey The Law-Obtain permit before starting work.
Section 27-3018(b)

INSTRUCTIONS:

1. This form must be completed fully, clearly printed in ink or typewritten.
2. Licensed Electrician must sign and seal the application.
3. Mail the application or deliver it in person to NYC Department of Buildings. Electrical Division, 280 Broadway 4th Floor, New York, NY 10007.
4. For Service/Meter work or a new or amended Certificate of Occupancy certify that you have written Owner's Authorization. See page 4 Part E
5. All incomplete applications will be returned to the applicant. Only authorized versions of this application will be accepted.

SAVE TIME

The fastest & easiest way to submit applications is to eFile
Go to www.nyc.gov/buildings

CHECK ONE BOX ONLY

- ☐ 2002 NEC CODE & 2004 NYC Amendments (For use until June 30, 2007)
- ☐ 2005 NEC CODE & 2007 NYC Amendments

PART A										LICENSEE INFORMATION									
ELECTRICAL CONTRACTOR (FIRM NAME)										LICENSE #					FIRM #				
ADDRESS																			
TELEPHONE #					FAX #					EMAIL ADDRESS									
CATEGORY OF WORK CHECK ONLY ONE BOX																			
<input type="checkbox"/> N NEW BUILDING					<input type="checkbox"/> M MINOR WORK (no inspection) \$15 Filing Fee					<input type="checkbox"/> R REHABILITATION, EXTENSIONS, NEW CIRCUITRY					<input type="checkbox"/> Sign Shop Inspection <input type="checkbox"/> Field Sign Inspection (see page 2 Part B Section 6C)				
CONSTRUCTION PERMIT INFORMATION																			
Is this job C of O (Certificate of Occupancy) related? <input type="checkbox"/> Yes <input type="checkbox"/> No										If work is C of O related or New Building please provide DOB Construction/ BIS Job Permit # _____									
OWNER/OCCUPANT VIOLATION REMOVAL																			
<input type="checkbox"/> X REMOVAL OF VIOLATION					VIOLATION # (one per application)														
JOB LOCATION			BOROUGH			HOUSE NO./STREET NAME										ZIP CODE			
SPECIAL PLACE NAME					CROSS STREET					FLOOR		ROOM		APT. NO.					
CONTRACTOR'S COMMENTS (PRINTED ON WORK PERMIT)										WORK STARTED OR FILED BY OTHERS <input type="checkbox"/> YES <input type="checkbox"/> NO									
WORK TO BE PERFORMED BY LICENSED FIRMS AS A JOINT VENTURE AS PER #27-3013. PRINT FIRM AND LICENSE NO. OF ADDITIONAL FIRMS.										JOB START DATE MM / DD / YEAR					COMPLETION DATE MM / DD / YEAR				
LIC.# _____ FIRM # _____																			
(2) _____ (2) _____																			
WORK TO BE DONE CHECK ALL BOXES THAT APPLY																			
<input type="checkbox"/> 1 SERVICE WORK/NOTIFY UTILITY (COMPLETE PART B #8)					<input type="checkbox"/> 3 ELEVATOR/ESCALATOR					<input type="checkbox"/> 5 FIRE DAMAGE					<input type="checkbox"/> 7 HVAC WIRING				
<input type="checkbox"/> 2 TEMPORARY CONSTRUCTION SERVICE <input type="checkbox"/> TEMPORARY LIGHT & POWER					<input type="checkbox"/> 4 AMUSEMENT RIDES					<input type="checkbox"/> 6 GENERAL WIRING					<input type="checkbox"/> 8 BOILER/BURNER WIRING				
<input type="checkbox"/> 9 OTHER: (PRINT SPECIAL TYPE OF WORK IN THIS AREA.)										<input type="checkbox"/> REMOVING VIOLATION(S) ISSUED TO ANOTHER LICENSED FIRM									
										PROVIDE APPLICATION(S) # (s) (Max. 3) _____									
SPECIAL CERTIFICATION/APPROVAL REQUIRED CHECK ALL BOXES THAT APPLY																			
<input type="checkbox"/> A ADEQUATE WIRING PROGRAM					<input type="checkbox"/> E EMERGENCY LIGHTING LOCAL LAW 16/84 REQUIRES COMPLIANCE LETTER					<input type="checkbox"/> B BOILER CONTROLS J-51					<input type="checkbox"/> L LOCAL LAW #5				
ADVISORY BOARD APPROVAL REQUIRED ■ YES ■ NO IF YES, CHECK BOXES																			
										CALENDAR NO.					SUBMITTAL NO.				
<input type="checkbox"/> K 1000 KVA SERVICE																			
<input type="checkbox"/> S Special Permission															N/A				
<input type="checkbox"/> M Elec. Nonmetallic Tubing (article # 362.30)															N/A				
<input type="checkbox"/> N Manuf. Wiring System (article # 604. and #605.)															N/A				
<input type="checkbox"/> Z OTHER																			

APPLICATION #

RESIDENTIAL OR COMMERCIAL USE CHECK ONLY ONE BOX											
<input type="checkbox"/> A ONE FAMILY	<input type="checkbox"/> C THREE FAMILY	<input type="checkbox"/> F FACTORY	<input type="checkbox"/> O OFFICE BLDG	<input type="checkbox"/> L FIVE OR MORE FAMILY	<input type="checkbox"/> J THEATRE						
<input type="checkbox"/> B TWO FAMILY	<input type="checkbox"/> E FOUR FAMILY	<input type="checkbox"/> G GARAGE	<input type="checkbox"/> H HOTEL	<input type="checkbox"/> W SCHOOL	<input type="checkbox"/> I HOSPITAL OR HEALTH FACILITY						
<input type="checkbox"/> K COMMERCIAL (INDICATE TYPE) _____		<input type="checkbox"/> Z OTHER: _____		<input type="checkbox"/> COMMERCIAL/RESIDENTIAL # OF APTS _____ # OF STORES _____							

PART B WORK DESCRIPTION													
ITEM	QUANTITY	COST	FEE AMOUNT	INDICATE NUMBER AND SIZE									
1. SERVICE SWITCHES													
A UP TO 100 AMPS		@8.00											
B 101 TO 200 AMPS		@30.00											
C 201 TO 600 AMPS		@105.00											
D 601 TO 1200 AMPS		@225.00											
E OVER 1200 AMPS		@375.00											
2. SER. ENT. & FDR COND. (EACH SET)													
A UP TO #2 CONDUCTOR		@15.00											
B OVER #2 TO 1/0		@30.00											
C OVER 1/0 TO 250 MCM		@45.00											
D OVER 250 MCM		@75.00											
3. PANELS													
A 1Ø UP TO 20-1 OR 10-2 POLE BRKRS		@15.00											
B 1Ø OVER 20-1 OR 10-2 POLE BRKRS		@37.50											
C 3Ø UP TO 225 AMPS		@50.00											
D 3Ø OVER 225 AMPS		@75.00											
4. ELEVATORS & ESCALATORS													
A TOTAL NO. OF ELEVATORS		@125.00											
B EACH ADDITIONAL 10 FL OR LESS		@83.00											
5. BOILER CONTROLS/J-51													
		@12.00											
6. SIGNS													
PRINT ADDITIONAL TAG#S WHERE INDICATED FILING FEE ONLY													
A FIELD CONNECTION (TAGGED ONLY)				1 _____ 6 _____									
B SHOP INSPECTION (COMPLETE PAGE 3)		\$15.00		2 _____ 7 _____									
C FIELD INSPECTION (TAG REQUIRED) (Complete page 3) UP TO 30 SQ. FT. \$65.00 31 TO 60 SQ.FT. \$90.00 OVER 60 SQ. FT. \$115.00		\$ _____	SIGN FEE	3 _____ 8 _____ 4 _____ 9 _____									
SUB TOTAL			\$	5 _____ 10 _____									
7. FLOOR DESCRIPTIONS CHECK IF ADDITIONAL FLOOR DESCRIPTIONS ARE ATTACHED <input type="checkbox"/> Each outlet, fixture, HP or fraction thereof of a motor, each KW or fraction thereof of a heater, each HP or fraction thereof of an air condition installed, altered or repaired shall be assigned the value of ONE UNIT.													
FLOOR OR APT. NO.	NUMBER OF OUTLETS			NO. OF FIXTURES	MOTORS/GENERATIONS			HEATERS			TRANSFORMERS		
	FIXT	RECEPTACLES ATT	A/C		SWITCH	NO.	HP KW	TOTAL HP KW	NO.	KW	TOTAL KW	NO.	KVA
BUILDING TOTALS ▶													
ELECTRIC USE	(A)	(B)	(C)	(D)	(E)		(F)		(G)		(H)		
TOTAL UNITS		NO. of units in excess of 10				x 25¢ ▶		UNITS FEE TOTAL					
Please bring the floor details of this job to the site when the electrical inspection is being performed.													
8. SERVICE/METER EQUIPMENT													
MUST BE COMPLETED FOR SERVICE METER WORK													
NO. OF 3 WIRE				NO. OF 4 WIRE				NO. OF 10 PT				1-6 FEE TOTAL	
NUMBER OF METERS												UNITS FEE TOTAL	
Existing Meters _____ (+) New Meters _____ (-) Removed Meters _____ (=) Total _____													
Service Reconnect <input type="checkbox"/> YES <input type="checkbox"/> NO													
												TOTAL ALL FEES ▶	


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ELECTRIC SIGN INSPECTION INFORMATION(MUST BE COMPLETED IF PAGE 2
SECTION 6 B&C APPLIES)

DOB/BIS# _____ Required for each sign mounted outdoors before sign is inspected at shop or field.

PART C		SIGN DESCRIPTION		
SHOP LOCATION	BOROUGH	HOUSE NO./STREET NAME		
LOCATION COMMENTS		SHOP TELEPHONE NO.		
SIGN DESCRIPTION	SIGN DIMENSIONS (FEET)		TOTAL SQ. FEET OF SIGN	
TOTAL CIRCUITS IN SIGN	TOTAL LAMPS	WATTS (LAMPS)	NUMBER OF TRANSFORMER(S)	V.A. OF EACH TRANSFORMER
TOTAL WATTS OR V.A. (VOLT AMPRE)	(AMERICAN WIRE) AWG GAUGE OF WIRE		NO. OF SOCKETS PER CIRCUIT	
MATERIAL AND GAUGE USED IN SIGN CONSTRUCTION (GIVE DETAILS)				
MAKE OF SIGN		MANUFACTURER OF SIGN		
MANUFACTURER ADDRESS				
SKETCH OF SIGN (GIVE READING MATTER CONTAINED)				

APPLICATION
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PART D				OWNER'S INFORMATION	
TYPE OF OWNERSHIP <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> GOVERNMENT					
LAST NAME		FIRST NAME		M.I.	TITLE
BUSINESS NAME/AGENCY				PHONE	
ADDRESS		CITY		STATE	ZIP
AUTHORIZED REPRESENTATIVE (PRINT) LAST NAME			(PRINT) FIRST NAME		
AUTHORIZED REPRESENTATIVE, STATE RELATIONSHIP TO BUILDING OWNER					
PART E					
CERTIFICATION OF OWNER AUTHORIZATION FOR ELECTRICAL WORK					
Please answer the following questions. Where the answer to the question(s) below is yes, the following certification(s) by the license shall apply.					
Does the application involve authorization to power or energize a meter? <input type="checkbox"/> Yes <input type="checkbox"/> No					
This Electrical Permit Application involves the energizing of a meter. I certify that I have obtained a signed certification from the building owner, or his or her authorized representative, affirming that the intended use or purpose of the new, additional or existing meter(s) indicated in the Service/Meter Equipment section of this application will be in compliance with Section 27-3018 of the NYC Electrical Code and acknowledging that the energizing of electrical work without a valid permit, or other required authorization set forth by Department of Buildings ("Department") Rules, is a violation of Section 27-3020 of the NYC Electrical Code. I also certify that this signed certification is available upon request by the Department.					
Licensee Signature _____				Date _____	
Does the application involve a new or amended Certificate of Occupancy and/or service or meter work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
This Electrical Permit Application includes Service/Meter Work and/or work that will result in the issuance of a new or amended Certificate of Occupancy. I certify that I have obtained a signed authorization from the building owner, or his or her authorized representative, who has authorized the work to be performed as indicated herein, and has acknowledged that upon completion of such electrical work (including any minor amendment of the work indicated herein), pursuant to Section 27-3018(b) of the NYC Electrical Code, the Department of Buildings ("Department"), or its certified representative, will be allowed access to inspect such work. I also certify that this signed authorization is available upon request by the Department.					
Licensee Signature _____				Date _____	
PART F					
RESPONSIBLE REPRESENTATIVE ("R.R.)/LICENSEE STATEMENT					
I, the undersigned Responsible Representative (or License associated with such business acting pursuant to an accepted written delegation), or Special Electrician, submit this Electrical Permit Application to the Commissioner of the NYC Department of Buildings for issuance of a permit to perform electrical work as described herein and in so doing acknowledge that all electrical work to be performed as described under this application will be done under my supervision and in complete accordance with all applicable codes and regulations, including but not limited to, the NYS Energy Conservation Construction Code.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">  <p style="text-align: center; margin-top: 10px;">LICENSEE SEAL</p> </div> <div style="width: 65%;"> <p>This application involves a NYCHA Fee Exempt property? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>I also acknowledge that the information provided on this application is true to the best of my knowledge.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature of Authorized Licensed Representative _____ </div> <div style="width: 35%;"> Date _____ </div> </div> </div> </div>					
PENALTY FOR FALSIFICATION: Falsification on any statement made herein with intent to defraud or deceive is a misdemeanor (Sec. 27-3017 (b), (c) of NYC Adm. Code) SUBSTANTIAL REVISIONS to this application will require the filing of a new application with the appropriate fee.					
ELECTRICAL DIVISION USE ONLY					
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Reviewer's Initials: _____ Date: _____			

APPLICATION #