

DATE  
STAMP

**BUILDING PERMIT #**\_\_\_\_\_

**TOWN OF HAMBURG**

**Application For Electrical Inspection**

Applications must be submitted and paid for before inspection

**PLEASE WRITE LEGIBLE**

Address of Inspection: Street\_\_\_\_\_

City/Town/Village:\_\_\_\_\_ Zip:\_\_\_\_\_

Cross roads near address of inspection:\_\_\_\_\_

Owner's Name:\_\_\_\_\_

Owner's Address:\_\_\_\_\_

Owner's Phone Number:\_\_\_\_\_

Building Type      Residential\_\_\_\_\_      Commercial\_\_\_\_\_

Utility Company:\_\_\_\_\_ ESO/Account No.\_\_\_\_\_

New Build:\_\_\_\_\_ Residential:\_\_\_\_\_ Commercial:\_\_\_\_\_ Remodel:\_\_\_\_\_

Service Size:\_\_\_\_\_ Single Phase:\_\_\_\_\_ Three Phase:\_\_\_\_\_

Service Conductor: Size:\_\_\_\_\_ Number per phase:\_\_\_\_\_

Number of Meters:\_\_\_\_\_ Residential:\_\_\_\_\_ Square Footage:\_\_\_\_\_

Description of work:\_\_\_\_\_

**THIS AREA MUST BE FILLED IN COMPLETELY AND LEGIBLE  
OR A CERTIFICATE WILL NOT BE COMPLETED**

Name of Applicant:\_\_\_\_\_

Applicant's Address:\_\_\_\_\_

Town, State and Zip:\_\_\_\_\_

Phone:\_\_\_\_\_ Fax:\_\_\_\_\_

MAIL TO:\_\_\_\_\_ TOTAL FEE:\_\_\_\_\_

TOWN OF HAMBURG  
BUILDING INSPECTION DEPT.  
6100 SOUTH PARK AVENUE  
HAMBURG, NEW YORK 14075

FINAL INSPECTION:\_\_\_\_\_