

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

TOTAL FEE: _____

FINAL INSPECTION:

