

TOWN OF STANFORD

BUILDING DEPARTMENT
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Stanfordville, NY 12581
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E-MAIL: building@townofstanford.org

ELECTRICAL APPLICATION

THE FOLLOWING MUST BE SUBMITTED AT TIME OF APPLICATION

APP FORM COMPLETED INSURANCE SUBMITTED INSURANCE ON FILE CONSENT IF APPLIC
 FULL DESCRIPTION OF WORK TO BE PERFORMED

Name: _____

Address: _____

Phone: _____

Commercial Residential

DESCRIPTION:

Service Upgrade Distribution wiring Repair

Other:

I HEREBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE.

Date: _____ Signature: _____

INSPECTIONS REQUIRED:

Rough Electrical & Final Electrical inspection by third party list provided in application (submit copy of said inspection)

Final inspection by this office if required for compliance for issuance of Certificate of Compliance