

PATRICK G. HOLDER, R.A.
COMMISSIONER

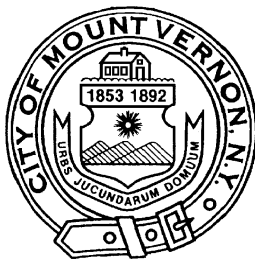
DAWNETTE MCLAREN-NELSON
2ND DEPUTY COMMISSIONER

SHAWYN PATTERSON-HOWARD
MAYOR

ELECTRICAL PERMIT CHECKLIST

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH AN ELECTRICAL PERMIT APPLICATION

- Copy of the Building or Equipment Permit with Detailed Specifications of the work
For any type of work other than repair, replacement in kind and removal
OR,
Detailed Specifications of the work
For repair, replacement in kind and removal
- Copy of the violation(s) if the work is to correct a violation(s)
- Copy of Westchester County License
- Certificate of Liability Insurance
Listing the City of Mount Vernon as additional insured and the Department of Buildings of the City of Mount Vernon as certificate holder
- Certificate of Worker's Compensation
Listing the Department of Buildings of the City of Mount Vernon, as certificate holder
Forms # BP-1, SI-12, U-263, C-105.2 or GSI-105.2
- Certificate of Disability
Listing the Department of Buildings of the City of Mount Vernon, as certificate holder
Forms # DB 120.1 OR DB 155
- Letter of Authorization signed and notarized by property owner
- Filing fee: Cashier's (bank) check or money order only; paid to the order of City of Mount Vernon \$125.00 plus**
For all buildings, except one and two family dwellings \$15.00 per \$1,000.00 of the estimated cost
For existing one and two family dwellings \$10.00 per \$1,000.00 of the estimated cost
For all buildings the fee to install new or additional electrical meters shall be \$100.00 per meter (additional to the filing and permit fee)



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NOTE

1. The above mentioned checklist must be submitted to the Department of Buildings with the application for an Electrical Permit.
2. When applying for an **Owner's Meter**, you are required to provide pictures of all the meters
3. Filing an application does not mean that you have a permit.
4. Any and all work performed without a permit posted, in a conspicuous way at the work site will incur a legalization fee of \$5000.00 or greater.

ELECTRICAL INSPECTION COMPANIES

1. **STATE WIDE INSPECTION SERVICES**
116 SOUTH CENTRAL AVENUE
ELMSFORD, NY 10523
TEL: 914-909-4471
FAX: 914-219-1062
2. **NEW YORK ELECTRICAL INSPECTION SERVICES**
150 WHITE PLAINS ROAD, SUITE 104
TARRYTOWN, NY 10591
TEL: 914-347-4390
FAX: 914-347-4394

PERMIT NO. _____

RECEIPT NO. _____

ELECTRICAL PERMIT APPLICATION

Date _____

An application is hereby made for a permit to perform electrical installation work as described below:

Work to be performed in compliance with the rules and regulations of the Building Codes of the City of Mount Vernon, NY and in accordance to the rules and requirements of recognized code and standards deemed to the most approved methods and practices:

Location _____

Block _____ Lot _____ Type of Building _____

Owner: _____ Address: _____

Email address: _____

Lessee: _____ Address: _____

Nature of Work:

BELOW, LIST ALL EQUIPMENT INSTALLED									
LOCATION	NUMBER OF OUTLETS		NO OF FIXTURES & LAMP RECEPTACLES		MOTORS		HEATERS		OTHER (REFRIGERATOR, SMOKE ALARMS, SOLAR PANEL, ETC.)
	SIDEWALL	SWITCH	INCADE	FLUORE	NO	H.P. EACH	NO.	WATTS EACH	
OUTSIDE									
BASEMENT									
1 ST FLOOR									
2 ND FLOOR									
3 RD FLOOR									

Firm Name:	Email Address:
Address:	Phone:
Electrician:	License Number:

If in RE: New Building give Permit Number N.B. _____

If in RE: Alteration give Permit Number ALT . _____

If existing Building Repair Only – Estimated Cost _____ Fee _____

If existing Building New Installation – Estimated Cost _____ Fee _____



CITY OF MOUNT VERNON DEPARTMENT OF BUILDINGS

FORM A-1

LETTER OF AUTHORIZATION
NAMING APPLICANT AS OWNER'S AGENT

State of New York
County of Westchester } ss:

Print full name of Property owner as listed on the deed when it is an individual
OR,
Print full name and title of President or Principal Officer when the owner listed on the deed is a corporation or an entity other than an individual.

being duly sworn, deposes and says that
Print name of Property owner as listed on the deed

Is the owner in fee of the premises located at:

Address of Premises:

Map page, Block, Lot numbers:

And, that the person named below:

Name of Applicant/agent:

Address of Applicant/agent:

Phone Number of Applicant/Agent:

Is authorized to act as property owner's agent and be the applicant for the application(s) checked below for a permit to perform the work specified in this (these) application(s) at the premises listed above.

- Building Permit Application
Equipment Permit Application
Demolition Permit Application
Plumbing Permit Application for work to be performed by
Electrical Permit Application for work to be performed by

list any other building department application as applicable

Property owner signature

Sworn to me this day of 20

Notary/Commissioner of Deeds' signature