



DEPARTMENT OF BUILDINGS
INCORPORATED VILLAGE OF GARDEN CITY
 VILLAGE HALL
 351 STEWART AVENUE
 GARDEN CITY, NY 11530
 516-465-4040(O) – 516-742-5377 (F)
 DOB@GARDENCITYNY.NET

ELECTRICAL	
<i>OFFICE USE ONLY</i>	
APPLICATION #	
Permit #	
Fee Collected	\$

1. Filing Status – Check all that apply in this section.

Initial Submission (New) P.A.A. (Post Approval Amendment) Other:

2. Cost of Construction – (Industry Standards)

Estimated Cost \$ _____ Part of New Building Part of Alteration Stand Alone

3. Property Information

Address: _____ Garden City N.Y 11530
 Map: _____ Block: _____ Lot(s): _____ Zoned: Residential Commercial
 Current Use of Property: Single Family Multiple Family Commercial/Business Other* *Describe Below

4. Job Description - Scope of Work

5. Owner/ Tenant Information

Last Name: _____ First Name: _____ M.I: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: () _____ Cell: () _____ Email: _____

6. Applicant Information License #: _____ Town: _____ Same as above:

Last Name: _____ First Name: _____ M.I: _____
 Company Name: _____ Email: _____
 Company Address: _____ City: _____ State: _____ Zip: _____
 Office Phone: () _____ Fax: () _____ Cell: () _____

7. Contractor Information

Last Name: _____ First Name: _____ M.I: _____
 Company Name: _____ Email: _____
 Company Address: _____ City: _____ State: _____ Zip: _____
 Office Phone: () _____ Fax: () _____ Cell: () _____

8. Applicant Statement & Signature Same as above:

The undersigned affirms that he/she is authorized to make this application, is responsible for the work described, and that all statements and documents contained herein are true and accurate to the best of his/her knowledge and belief.

Signature: _____ Date: _____
 Print Name: _____
 Phone: () _____ Cell: () _____
 Email: _____

Forms Submitted – All information to be provided
 Workers Compensation Disability Insurance Compensation

9. Construction Manager Statement & Signature Same as above:

The undersigned affirms that he/she is authorized to make this application, is responsible for the work described, and that all statements and documents contained herein are true and accurate to the best of his/her knowledge and belief.

Signature: _____ Date: _____
 Print Name: _____
 Phone: () _____ Cell: () _____
 Email: _____

Forms Submitted – All information to be provided
 Workers Compensation Disability Insurance Compensation

10. Property Owner Statement & Signature

The undersigned affirms that he/she is the owner of the property described herein, hereby gives the consent to this application and fully understands the requirements contained therein in order to receive a Certificate of Occupancy.

Signature: _____ Date: _____ Phone: () _____
 Print Name: _____ Cell: () _____



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- Application for Electrical Permit.
- Workers Compensation and Disability Insurance Certificates (**not Accord form**).
- Copy of Electrical License issued by either the Town of Hempstead, North Hempstead, or Oyster Bay.
- Maintain and legalization applications must be filed separately from new construction.
- All structures are to be filed under separate applications.
- Incomplete applications will not be accepted.

<i>FEE DESCRIPTION</i>	<i>TOTAL FEES</i>
RESIDENTIAL	\$200.00 FLAT FEE + ELECTRICAL INSPECTION FEE- PAID DIRECTLY TO VILLAGE CONSULTANT
COMMERCIAL	\$300.00 FLAT FEE + ELECTRICAL INSPECTION FEE- PAID DIRECTLY TO VILLAGE CONSULTANT
MAINTAIN AND LEGALIZATION <i>RESIDENTIAL & COMMERCIAL</i>	3X PERMIT FEE + ELECTRICAL PERMIT FEE(S)

ALL FEES INCLUDE CERTIFICATE FEE

<i>Section</i>	<i>Instructions</i>
1. Filing Status	Check (X) the appropriate box for purpose of filing. Only one box may be checked (X). Provide any other requested information.
2. Cost of Construction	Provide the Estimated Cost of all work that will be completed. Check (X) the appropriate box for what construction is a part of.
3. Property Information	Provide the house number and street name (if available) or Block and Lot. All information is to be provided since permits are based on location. Be specific as possible on actual location.
4. Job Description	Provide a brief description of the work to be covered under this application.
5. Owner / Tenant Information	All information is required.
6. Applicant Information	All information must be provided by the Applicant for the project, unless already stated in “Owner/Tenant Information.” In which case, check box in right hand corner. Must include NYS License #.
7. Contractor Information	All information must be provided by the Contractor for the project.
8. Applicant Statement & Signature	All information is required, unless phone numbers were provided under “Applicant Information” In which case, check box in right hand corner, sign, print, and date.
9. Contractor/ Construction Manager Statement & Signature	All information must be provided by the Manager for the project, unless already stated in “Contractor Information.” In which case, check box in right hand corner, sign, print, and date.
10. Property Owner Statement & Signature	All information is required, sign, print, and date.

- Inspection requests must be made at least one day in advance with permit number. **Scheduled Directly with Certified Electrical Inspections, INC. (631) 598-5610**
- Approved plans must be on job site with contractor present for all inspections.
- Permit must be posted in front window or door until final building certificate has been issued.

REQUIREMENTS FOR CERTIFICATE OF COMPLIANCE:

1. Final approval of Electrical Inspection
2. Certificate of Compliance:
 - a. Workers Compensation
 - b. Disability
 - c. Fee- Application signed by homeowner and Electrical Contractor
 - d. Copy of survey and location of Electrical Unit(s)

Final Electrical Inspection will only be performed once all other associated permits have been completed and all final documentations have been received and reviewed.