

Building Department
Village Of Mineola
155 Washington Avenue
Mineola, New York 11501

Phone 746-0750
Fax 746-4065

Electrical Permit Application

COPIES OR FAXES OF THIS APPLICATION ARE NOT ACCEPTED

Jobsite: _____ floor(s) _____

Property Owner Information

Name: _____

Address: _____

Phone: _____

How is building to be occupied?

If residence, how many families or apartments?

Print Name: _____

Signature: _____

Notary Stamp

Electrician Information

Company name: _____

Address: _____

Phone: _____

Under penalty of perjury, I certify by my signature that I all work will be preformed by my employees under my direct supervision or by myself; that all work must conform to Building Codes of New York State and the Village of Mineola, and; that required insurance is in effect.

Print Name: _____

Signature: _____

Notary Stamp

**** FOR COMMERCIAL WORK ONLY: COST OF JOB \$ _____**
DESCRIPTION OF WORK: LIST IN DETAIL, INCLUDING NUMBER OF OUTLETS, ETC.
SUBMITTED ELECTRICAL INSPECTION FORM: YES _____ NO _____

☐ Residential ☐ Commercial

Approved: _____ Date: _____

Permit No. _____ Fee: _____

☐ Electrical Inspectors Inc.

☐ Smoke/Carbon Monoxide Detectors req'd

Village of Mineola

Electrical Inspectors

300 East Meadow Avenue, East Meadow, NY 11554

(516) 794-0400 FAX (516) 794-5854

e-mail-Info@electricalinspectors.com Web - www.electricalinspectors.com

INSPECTION ORDER FORM

THIS IS NOT AN ELECTRICAL CERTIFICATE

☐ INSPECTION

☐ RESIDENTIAL

☐ H/O

☐ SURVEY

☐ COMMERCIAL

#

OWNER/TENANT: (JOB LOCATION)

☐ NEW WORK
☐ RENOVATION

APPLICANT:

NAME		ACCOUNT NAME	
ADDRESS		LICENSE #	
CITY	STATE	ZIP	
PHONE #	CELL PHONE #	CELL PHONE 2#	
REQUESTED DATE FOR ROUGH INSPECTION		FAX #	
REQUESTED DATE FOR FINAL INSPECTION		ELECTRICAL PERMIT #	
SPECIAL INSTRUCTIONS			

NAME		DBA	
ADDRESS			
CITY	STATE	ZIP	
PHONE #	CELLPHONE #	CELL PHONE2 #	
NEAREST INTERSECTION		WORK #	
SECTION	BLOCK	LOT	MINEOLA

AREA TO BE INSPECTED

ROOMS TO BE INSPECTED	BATH	BED	DECK	DINING	FAMILY	FOYER	HALL	KITCHEN	LAUNDRY	LIVING	MASTER BATH	MASTER BED	OFFICE	PANTRY	PORCH	STORAGE	SUN	WALK-IN CLOSET	OTHER
BASEMENT																			
1ST FLOOR																			
2ND FLOOR																			
FLOOR																			

CAR GARAGE ☐ ATTACHED ☐ POOL ☐ ABOVE GROUND ☐ AUTHORIZATION TO INSTALL
☐ DETACHED ☐ HOT TUB ☐ IN GROUND ☐ RECONNECT ☐ FIRE RECONNECT
* OTHER AREAS NOT LISTED ABOVE

SERVICE		<input type="checkbox"/> OVERHEAD	<input type="checkbox"/> LIPA OWNED	<input type="checkbox"/> 100A	<input type="checkbox"/> 200A	<input type="checkbox"/> 400A	<input type="checkbox"/> 800A	<input type="checkbox"/> 1 Ø	METER SERIAL #					
# METER		<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> S.E.COND.	<input type="checkbox"/> 150A	<input type="checkbox"/> 300A	<input type="checkbox"/> 600A	<input type="checkbox"/> A	<input type="checkbox"/> 3 Ø						
MAIN PANEL	<input type="checkbox"/> 1 Ø	<input type="checkbox"/> 3 Ø	SUB PANEL	<input type="checkbox"/> 1 Ø	<input type="checkbox"/> 3 Ø	SUB PANEL	<input type="checkbox"/> 1 Ø	<input type="checkbox"/> 3 Ø	DISCONNECT	<input type="checkbox"/> 1 Ø	<input type="checkbox"/> 3 Ø	DISCONNECT	<input type="checkbox"/> 1 Ø	<input type="checkbox"/> 3 Ø
MAIN PANEL	<input type="checkbox"/> 1 Ø	<input type="checkbox"/> 3 Ø	SUB PANEL	<input type="checkbox"/> 1 Ø	<input type="checkbox"/> 3 Ø	SUB PANEL	<input type="checkbox"/> 1 Ø	<input type="checkbox"/> 3 Ø	DISCONNECT	<input type="checkbox"/> 1 Ø	<input type="checkbox"/> 3 Ø	DISCONNECT	<input type="checkbox"/> 1 Ø	<input type="checkbox"/> 3 Ø
TRANSFORMER	TRANSFORMER	TRANSFORMER	TRANSFORMER	HW HEATER	RECES. FIXTURE	LOW VOLT FIXT.	FEET TRAC LIGHTS	REF. COMPRESSOR	A/C CONDENSOR					
DUPLEX REC.	SINGLE REC.	SMOKE DETECT.	SWITCHES	OVEN	FLUORESCENT	PADDLE FAN OUT.	SIGNS	REF. COMPRESSOR	A/C CONDENSOR					
GFI REC.	SINGLE REC.	CO ALARM	TIME CLOCKS	COOK TOP	INCAND. FIXTURE	EXIT LIGHT	SIGNS	EVAP. BLOWERS	A/C BLOWERS					
TWIST LOCK REC.	SHOW WIND. REC.	LG. RECEPTACLES	TIME CLOCKS	RANGE	HID FIXTURE	EMERGENCY LIGHT	EXHAUST FANS	EVAP. BLOWERS	A/C BLOWERS					
RANGE REC.	APPLIANCE REC.	FLOOR REC.	DIMMERS	DISHWASHER	WALL SCONCE	EXIT/EMERGENCY	EXHAUST FANS	MOTORS	FRACT. MOTORS					
OTHER DEVICES/EQUIPMENT														

The applicant requesting this inspection (survey) attests that there are no open applications for the above, with any other authorized inspection agency. Also they understand and agree to pay all fees until the above passes the National Electrical Code and/or all local codes. The undersigned also affirms they have the authorization of the property owner to submit this application. Only the applicant will be given any information pertaining to the inspection. Local codes may require homeowner to take a test to perform any electrical work in their own home prior to inspection. It may also be necessary to obtain a building permit from your Town/Village/City Building Department before commencing with any electrical work and/or inspection of this work. Electrical Inspectors, Inc. is not listing, labeling, underwriting or certifying any equipment, materials or devices which are performed by other certified testing laboratories, inspection agencies, or other organizations concerned with product evaluation. The Applicant/Owner/Authorized Agent agrees to all Terms and Conditions set forth on the front and back of this application.

FORM OF PAYMENT:

☐ MASTER CARD

☐ VISA

☐ AMEX

☐ CHECK #

☐ BILL ACCOUNT

I AM THE CARD HOLDER OF A VALID CREDIT CARD NUMBER _____ EXPIRATION DATE _____ AND HEREBY AUTHORIZE ELECTRICAL INSPECTORS, INC. TO CHARGE SERVICES ON THIS ACCOUNT FOR PAYMENT. I AGREE TO THE TERMS AS DESCRIBED FOR THIS CARD.

PRINT NAME AS IT APPEARS ON CARD

APPLICANT PRINT NAME

SIGNATURE OF CARD HOLDER

DATE

SIGNATURE OF APPLICANT

DATE

PLEASE MAKE ALL CHECKS PAYABLE TO - ELECTRICAL INSPECTORS, INC. RETURNED CHECKS WILL AUTOMATICALLY VOID ANY CERTIFICATE ISSUED. IN ADDITION TO SUBMISSION OF AN NOY TO THE MUNICIPALITY. YOU MAY BE RESPONSIBLE FOR TWICE THE FACE VALUE AS REQUIRED BY STATE LAW