Date: _____

BUILDING INSPECTOR'S OFFICE S 4295 South Buffalo Street Orchard Park, New York 14127-2609



Phone: 716-662-6430 Fax: 716-662-6419 www.orchardparkny.org

Electrical Permit Application

Applications must be submitted and paid for before inspection

Address:			Zone:
Value of Project:			
Electrician's Signature:			
	Email:		
Contractor: (If different from Electr			
	Email:		
installations such as AC units or generators a site plate generators submit documentation of: manufacture, to the submit documentation of the			
	rom NYSEG)		
uilding Type: Residential Com lew Build Remodel		eral	
ervice Drop Number of Meters			Town Clerk Stamp
To the best of my knowledge, the forego Building Inspector(s) are permitted to		any reasonable time	
Print and S	170	Letter of A	authorization Submitted
	ngn		:
C	ity Official Use Only:	State	Zip
tems supplied: Disability	Workers Compensation	Insurance	e Waiver
Electrical Inspector:			
ssued:Perm		Damesta III	
Completed as per Electrical Inspecto)r	Permit #:	