

Village of Tuckahoe

BUILDING DEPARTMENT

65 Main Street
Tuckahoe, NY 10707

Phone: (914) 961-8148
Fax: (914) 793-2107

www.tuckahoe.gov

ELECTRICAL PERMIT APPLICATION PACKAGE

SUBMISSION REQUIREMENTS FOR ELECTRICAL PERMITS:

1. Complete the Electrical Permit Application and Count Sheet and submit with the following information:

- a. Electrical Inspection Service Application
- b. Permit Fee:

Residential

Under \$2,499	\$ 50.00
\$2,500 - \$4,999	\$ 75.00
\$5,000 - \$9,999	\$100.00
Over \$10,000	\$200.00

Commercial/Business

Under \$4,999	\$200.00
\$5,000 - \$9,999	\$250.00
\$10,000 - \$14,999	\$300.00
\$15,000 - \$24,999	\$350.00
\$25,000 - \$49,999	\$500.00
\$50,000 - \$99,999	\$1,000.00
\$100,000 - \$149,999	\$1,500.00
\$150,000	\$2,500.00
Every \$10,000 over \$150,000 is an additional \$100.00	

- c. Contractor Information:
 - ☐ Electrical License
 - ☐ Liability Insurance
 - ☐ Workers' Compensation Insurance
 - ☐ Disability Insurance
- d. Electrical License holder must file in person. (no exceptions)

Note: All application materials and fees must be submitted together as a complete set. Piecemeal submissions will not be accepted.

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ELECTRICAL PERMIT APPLICATION

Village of Tuckahoe

Permit Number: _____ Electrical Permit Fee: _____ Date Received: _____

Property Address: _____

Section: _____ Block: _____ Lot(s): _____

Property Owner and/or Lessee Name: _____

Property Owner and or Lessee Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Name of Electrician as it Appears on the License: _____

Electrical Company Name: _____ License # _____

Electrical Company Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Office Phone #: _____

The proposed work consists of the following:

- | | |
|---|--|
| ☐ New Electrical Service | ☐ Extension or Repair to Existing Installation |
| ☐ Electrical Installation of Elevator Equipment | ☐ Electrical Installation for Oil Burning Equipment |
| ☐ Electrical Installation for Special Equipment | ☐ Low Voltage Alarm Installation |
| ☐ Fire Alarm Installation (Requires 4 sets of drawings by licensed architect or engineer) | |
| ☐ Other (indicate): _____ | |

This application is for the following type of use (check appropriate box):

Additions/Alterations:

- ☐ One- or Two-Family Residence
or an Individual Unit in a Multi-Family Building
- ☐ Commercial or Multi-Family*

New Construction

- ☐ One- or Two-Family Residence
or an Individual Unit in a Multi-Family Building
- ☐ Commercial or Multi-Family

*If the proposed work is related to an addition/alteration to a commercial or multi-family property, indicate:

Number of proposed fixtures/outlets: _____ Number of Electrical Meters: _____

Estimated Cost of Work: _____

Description of Proposed Scope of Work: _____

NOTICE

* The undersigned requests that a permit be issued to perform the electrical installation described herein and more fully on the attached application to the electrical inspection agency. Such work shall conform with all provisions of the New York State Building Code, National Electric Code and any and all applicable codes of the Village of Tuckahoe.

Signature of Westchester County Licensed Electrician: _____ Date: _____

Count Sheet

[illegible]

If you have more than three floors, submit another sheet for additional floors.

Miscellaneous Equipment (Boiler, HVAC Equipment, Solar Panels, Etc.)

[illegible]

INSURANCE REQUIREMENTS

In accordance with Workers' Compensation Law §57 and §220(8)

CONTRACTORS MUST PROVIDE THREE (3) SEPARATE INSURANCE CERTIFICATES:

1. LIABILITY INSURANCE: ONLY Liability Insurance is permitted on the **ACORD** form. **VILLAGE OF TUCKAHOE MUST BE LISTED AS ADDITIONAL INSURED AND CERTIFICATE HOLDER.**

2. WORKERS' COMPENSATION INSURANCE, ONLY the following forms are accepted:

- **CE-200:** Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. (Instructions on how to create Exemption form are attached)
- **C-105.2:** Certificate of Workers' Compensation Insurance
Note: The State Insurance Fund provides its own version of the form, the **U-26.3**

3. DISABILITY INSURANCE, ONLY the following forms are acceptable:

- **CE-200:** Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage. (Instructions on how to create Exemption form are attached)
- **DB-120.1:** Certificate of Disability Benefits Insurance

Note: On all insurance certificates, the **CERTIFICATE HOLDER** must be listed as:

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