TOWN OF CLAVERACK
Building Department
91 Church Street, PO Box V
Mellenville, NY 12544
PHONE 518- 672-4471 / FAX 518-672-4821

ELECTRICAL APPLICATION

THE FOLLOWING MUST BE SUBMITTED AT TIME OF APPLICATION

Electrical application for completed, Proof of insurance (C105.2, NYS Insurance Fund, or CE-200), Letter of authorization (if required), & Full description of work to be performed.

Owner of Property:
_____

Address: _____

Phone Number: _____Cell: _____ Home:

Commercial: _____ Residential: _____ (Check one that applies)

DESCRIPTION OF WORK:

Service upgrade: _____ Distribution Wiring: _____, Generator: _____, Repair: _____

Other: _____
_____
_____

Estimate Cost of proposed work: _____

Electrician Name: _____Company: _____

Address: _____Phone: _____Office: _____Cell: _____

I HEARBY CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND ACCURATE

Date: _____ Signature: _____
(OWNER)

Date: _____ Signature: _____
(ELECTRICIAN)

INSPECTIONS REQUIRED:

Rough Electrical & Final Electrical inspection by third party list proved in application (submit a copy of said inspection)
Final inspection by this office (if needed) for Compliance for issuance of Certificate of Compliance

(For Office Use) Date: _____Expiration Date: _____Fee Paid: _____Permit # ____

Updated 02/2026