



TOWN OF STANFORD  
 Building and Zoning Department  
 26 TOWN HALL ROAD, STANFORDVILLE, NY 12581  
 Phone (845) 868-1310 Fax (845) 868-7252  
 E-Mail: [building@stanfordny.gov](mailto:building@stanfordny.gov)

**ELECTRICAL PERMIT APPLICATION**

The following must be submitted:

- Completed Electrical Permit Application form
- Proof of insurance as required by NYS law: Proof of Worker’s Compensation insurance (C105.2 or U26.3) and proof of Disability Benefits Compensation (DB120.1)
- Homeowners or Sole Proprietors may provide CE-200 Certificate of Attestation of Exemption
- Owner’s authorization form or letter of authorization
- Additional documentation as needed: For example generator applications should include a site plan showing location in relation to property lines and structures, as well as documentation showing generator size, model, fuel source, required clearances to combustibles.

Property Owner: \_\_\_\_\_

Address/Tax Grid ID number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Commercial  Residential:  (Check one that applies)

**DESCRIPTION OF WORK:**

Service upgrade:  Distribution Wiring:  Generator:  Repair:  Other: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Estimated Cost of proposed work: \$ \_\_\_\_\_

Electrician/Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

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 # \_\_\_\_\_