ELECTRICAL WORK APPLICATION

TOWN OF NORTH CASTLE BUILDING DEPARTMENT

17 BEDFORD ROAD ARMONK, NY 10504 PHONE # (914) 273-8625

N.C. Permit #_____ Fee $_____ Date _____

New Cons. _____ Commercial_____ Accessory Bldg._____ Pool_____
1-Fam. _____ Industrial _____ Basement Alt. _____ Size _____
2-Fam. _____ Addition _____
Multi-Fam._____ Alteration _____ Other _____

Property Location _____

Section_____ **Block**_____ **Lot**_____ Zoning District_____

Owner: _____ Address: _____ Phone:(___)___-____
_____ _____ Zip: _____

Occupant _____ Use _____

Installation Cost $_____

Fill in the Following Schedule In Accordance With the Applicant's Electrical Plans

	Basement	1st Floor	2nd Floor	3rd Floor	4th Floor	Other	Garage/Outside
Work Location							
Number of Outlets							
Ceiling							
Side Wall							
Attached Recpt'ls							
Switch							
Number of Fixtures							
Pendant							
Brackets							
Branch Circuits							
Number							
B & S Gauge							
Heaters							
Number							
Watts Each							
Motors (Use)							
Number							
Type							
Horsepower Each							
Signs							
Type							
Pools							
Lights							
Outlets							
Equipment							
Generator							
Entire House							
Sub-Panel							
Other							

OVER

Contractor Information

_____

Print Name on License

_____

Signature on License

_____

Address

Telephone #: (____)____-_____

Westchester County License #: _____