



BUILDING DEPARTMENT

CITY OF POUGHKEEPSIE
62 CIVIC CENTER PLAZA, 2ND FLOOR
POUGHKEEPSIE, NY 12601
Phone: (845) 451-4007 Fax: (845) 451-4006

Eric Philipp
Building Inspector

APPROVED ELECTRICAL INSPECTION AGENCIES

ELECTRICAL UNDERWRITERS OF NY, LLC

Ernie Bello
50 Hy-Vue Drive
Newburgh, New York 12550
(845)569-1759

NEW YORK BOARD

Pat Decina
(845)298-6792
www.newyorkboard.org

NEW YORK ELECTRICAL INSPECTIONS

Greg Murad
(845)586-2430
Toll Free #1-888-693-4693

STATE WIDE INSPECTION SERVICES, INC.

1080 Main Street
Fishkill, New York 12524
845-202-7224

Z3 CONSULTANTS INC.

464 Freedom Plains Road
Poughkeepsie, NY 12603
845-471-9370
WWW.Z3CONSULTANTS.COM

After you select an Electrical Inspector, complete their application and attach it to the Building Permit Application. **NO APPLICATION FOR ZONING OR BUILDING PERMITS WILL BE ACCEPTED WITHOUT THE ELECTRICAL INSPECTOR'S APPLICATION.**

ELECTRICAL UNDERWRITERS OF NY LLC

50 HY-VUE DRIVE

NEWBURGH, NEW YORK 12550

Office (845) 569-1759 Fax (845) 562-7371 www.eu-ny.com

51889

Section:	Block:	Lot:	Date:																																	
City, Town or Village: _____		County: _____																																		
State: _____		Pole #: _____																																		
Location/Address: _____ <small>(If Located in Rural Area - Please Attach Directions)</small>																																				
Permit #: _____		Owner: _____																																		
Phone #: _____		Building: New <input type="checkbox"/> Old <input type="checkbox"/>																																		
Occupied As: _____																																				
Occupant: _____																																				
App. For:	Wiring <input type="checkbox"/>	Service <input type="checkbox"/>	Survey <input type="checkbox"/>																																	
	Pool <input type="checkbox"/>	Ready for Inspection:																																		
Fee Remitted-\$	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	M.O. <input type="checkbox"/>																																	
Make Payable To: E.U.N.Y.																																				
Applicant's Name: _____		Applicant's Signature: _____																																		
Company Name: _____		License #: _____																																		
Permit # _____		Applicant's Address: _____																																		
City: _____		State: _____																																		
Zip: _____		Utility: _____																																		
(NAME)		(OFFICE LOCATION)																																		
Service Request #: _____		Phone #: _____																																		
Electrician: _____		DATE RECEIVED: _____																																		
DATE INSPECTED: _____		Correct Location: Same as Above <input type="checkbox"/>																																		
or:		Red Notice Label <input type="checkbox"/>																																		
Rough Wiring Outlets		Surface Unit																																		
Switches		Range																																		
Receptacles		Water Heater																																		
Fixtures		Air Conditioner																																		
Amp. Service Equipment		Burner, Wiring & Controls for																																		
Amp. Service Conductors		Pump																																		
AFCI CKT		Smoke Det.																																		
GFCI CKT		Co. Det.																																		
Oven		Garbage Disposal																																		
Dishwasher		Dryer																																		
Amp. Receptacle		Vent Fans																																		
Paddle Fans		Sewer Pump HP																																		
MOTORS H.P. MARK		1/20 1/12 1/10 1/8 1/9 1/4 1/3 1/2 3/4 1 1 1/2 2 3 5 7 1/2 10 15 20 25 30 40 50 75 100																																		
NUMBER of Each Size		Elect. Heat 500 750 1000 1250 1500 1700 2000 2250 2750 2500 3000																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">CERTIFICATIONS</th> <th style="width: 30%;">USE FOR INITIAL VISIT ONLY</th> <th style="width: 15%;">NOTIFIED</th> <th style="width: 15%;">DATE</th> <th style="width: 15%;">CORRECT FEE</th> <th style="width: 10%;">FEE PAID</th> </tr> </thead> <tbody> <tr> <td rowspan="4"> <input type="checkbox"/> RW <input type="checkbox"/> CFT <input type="checkbox"/> L/A _____ <input type="checkbox"/> L/A _____ <input type="checkbox"/> IPA Date _____ </td> <td rowspan="4"> Progress: Inc. <input type="checkbox"/> LKD <input type="checkbox"/> Violation Work Comp. <input type="checkbox"/> Inc. <input type="checkbox"/> Other Side <input type="checkbox"/> </td> <td>Contractor</td> <td></td> <td rowspan="4" style="text-align: center; vertical-align: middle;">FEE DUE</td> <td>CASH <input type="checkbox"/></td> </tr> <tr> <td>Owner</td> <td></td> <td>CHK # _____</td> </tr> <tr> <td>Municipal</td> <td></td> <td>MO # _____</td> </tr> <tr> <td>Utility</td> <td></td> <td>INV # _____</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Applicant <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Owner <input type="checkbox"/></td> </tr> </tbody> </table>				CERTIFICATIONS	USE FOR INITIAL VISIT ONLY	NOTIFIED	DATE	CORRECT FEE	FEE PAID	<input type="checkbox"/> RW <input type="checkbox"/> CFT <input type="checkbox"/> L/A _____ <input type="checkbox"/> L/A _____ <input type="checkbox"/> IPA Date _____	Progress: Inc. <input type="checkbox"/> LKD <input type="checkbox"/> Violation Work Comp. <input type="checkbox"/> Inc. <input type="checkbox"/> Other Side <input type="checkbox"/>	Contractor		FEE DUE	CASH <input type="checkbox"/>	Owner		CHK # _____	Municipal		MO # _____	Utility		INV # _____						Applicant <input type="checkbox"/>						Owner <input type="checkbox"/>
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Acct # _____		<input type="checkbox"/> Visa <input type="checkbox"/> M/C Exp. Date _____																																		
Cut in Card # _____		Date _____																																		
INSPECTOR'S SIGNATURE _____																																				
This application is valid for the term of 120 days from the date of the applicants signature																																				

APPLICANT COMPLETES THIS SECTION		Application#			Date:		
City, Town, or Township:			County:		State: N.Y.		
Location/Address:							
<small>(If located in a rural area please attach directions.)</small>							
					Pole #:		
					Permit #:		
Owner:				Occupied as:			
Occupant:				Building:	New	Old	
				Work Area in Building:(Floor #, etc.)			
Application For: Wiring <input type="checkbox"/> Service <input type="checkbox"/> or: <input type="checkbox"/>							
Fee Remitted: \$		Cash		Check		M.O.	
						Payable to: N.Y.E.I.	
How many Rough Wiring Outlets?		Electric Heat:					
		500	750	1000	1250	1500	1750
Switch:							
Light:		Amp. Service		Surface Unit		Dishwasher	
Receptacle		Water Heater		Air Conditioner		Dryer	
Fixtures?		Oven		Garbage Disposal		Wiring and Controls for	
		Other Equipment:				Fractional H.P. Vent Fans	
Applicant's Signature			License #:		Permit #:		
D.B.A.:			Utility: <small>(Name and Office Location)</small>				
Applicant's Address.:							
(City)		(State) N.Y.		(Zip)		Service Request #:	
Phone #:		Electrician:					

COMMENTS AND/OR DIRECTIONS	<p>CALL 845-586-2430 FOR AN INSPECTION APPOINTMENT.</p>
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Z3 Consultants Inc.

Electrical Form

464 Freedom Plains Road, Poughkeepsie, NY 12603 Phone (845) 471-9370 Fax (845) 625-1479 Se Habla Espanol
Effective November 2023

Permit required?	YES	NO	Utility Company:
Electrical Permit #	Pre-Approval Date:		
Existing Meter #	Final Inspection Date:		
Service Request #	Final Sent to Utility Date:		
Special Notes:	Final Sent to AHJ Date:		

County:	Municipality:
Project Address:	Phone #:
Applicant/Owner:	
Email/Fax Report To:	

Description: _____

Electrical:	Electrical Survey:	Low Voltage:
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New	Existing	Commercial	Residential	Basement	1 st Floor	2 nd Floor	3 rd Floor	Garage	Attic	Other

Receptacles:	Telephone:	Water Heater:	Combo CO/Smoke:	Jacuzzi Tub:
Switches:	Arc Fault:	Burner:	CO2 Alarm:	Dryer:
Lighting:	Cable:	Air Handler:	Smoke Alarm:	A/C Comp:
GFCI:	Paddle Fans:	Range:	Fractional Fan:	Electric Heat:
Other Equipment:				

New Service	Number of Meters	Change of Service	Underground	Overhead

CDR:	AMPS:	Voltage:	Phase:
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Failed to Comply with the Uniform Code
Failed Date: _____ Corrected Dae: _____

OFFICIAL USE ONLY:

.....

Service Panel	Equipment	BP Card	Window	Article #
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Inspector's Initials	Rough Wire Date	Inspector's Initials	Final Wire Date

SATISFACTORY AS COMPLETED

Certificate of Compliance	Inspector's Signature	Date

*Electric service is hereby permitted for no more than ninety (90) days from the above date or until recalled.
This application is valid for one year from the date of the inspection completed by Z3 Consultants Inc.
Contact the AHJ directly to confirm their completion of any open permits associated with this application.
Retain this copy for your records.*

NEW YORK BOARD

City of Poughkeepsie Effective 02-15-2012

New York Board
PO Box 1558
Wappingers Falls, NY 12590
(845) 298-6792

Email this form to pdecina@newyorkboard.org

Date: Time:

Permit Number: City/Town/Village: County:

Dept Contact: Dept Fax: Fax Date: Time:

Location/Address: Owner: Phone #:

Section/Block/Lot Number: Applicant: Phone #:

License Number: Fax To: Faxed:

Email/Mail To: Mailed:

Number of stories: <input type="text"/>	<input type="checkbox"/> New	<input type="checkbox"/> Commercial	<input type="checkbox"/> 1st floor	<input type="checkbox"/> 3rd floor	<input type="checkbox"/> Basement
	<input type="checkbox"/> Existing	<input type="checkbox"/> Residential	<input type="checkbox"/> 2nd floor	<input type="checkbox"/> Attic	<input type="checkbox"/> Garage

TYPE OF WORK

<input type="checkbox"/> Accessory building	<input type="checkbox"/> Alterations	<input type="checkbox"/> In ground pool	<input type="checkbox"/> Hot tub	<input type="checkbox"/> Low voltage
<input type="checkbox"/> Addition	<input type="checkbox"/> Electrical	<input type="checkbox"/> Above ground pool	<input type="checkbox"/> Electrical survey	<input type="checkbox"/> Other

Description:

Utility company: Service Request Number:

Main Panel Rating (amps): <input type="text"/>	Type: <input type="checkbox"/> SC <input type="checkbox"/> CT <input type="checkbox"/> Switchgear	Voltage: <input type="text"/>	<input type="checkbox"/> 1 Phase <input type="checkbox"/> 3 phase
<input type="checkbox"/> New	Number of meters: <input type="text"/>	<input type="checkbox"/> Change of service	<input type="checkbox"/> U.G. <input type="checkbox"/> O.H.

Receptacles: <input type="text"/>	Garbage disposal: <input type="text"/>	Elect. baseboard: <input type="text"/>	Smoke detector: <input type="text"/>
Switches: <input type="text"/>	Water heater: <input type="text"/>	Range: <input type="text"/>	CO Det: <input type="text"/>
Lighting (Inc): <input type="text"/>	GFCI: <input type="text"/>	Dryer: <input type="text"/>	Burner: <input type="text"/>
Lighting (flo): <input type="text"/>	AFCI: <input type="text"/>	Dishwasher: <input type="text"/>	Telephone: <input type="text"/>
Lighting (hid): <input type="text"/>	AC compressor: <input type="text"/>	Paddle fans: <input type="text"/>	Cable TV: <input type="text"/>
Fractional fan: <input type="text"/>	Other equipment: (list)		
Air handler: <input type="text"/>			
Door bell: <input type="text"/>			

Description:

Office Use	Elect. Permit #		Date	
	Bldg Permit #		Sq Ft	
	Temp #		Utility ID #	
	Final Certificate #			

City / Village	Zip	Township	County
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Address	Cross Street	Section	Block	Lot
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Owner Name / Address (if different than above)	Contact Number
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Basement
 1st Fl.
 2nd Fl.
 3rd Fl.
 More Than 3 Fl.
 Garage
 Attic
 Outside
 Residential
 Commercial

Receptacles	Special Recept Amt Amps	GFCI	AFCI	Switches	Dimmers	Smoke Alarms	Carbon Monox	Hood	Trash Compact
Range (s)	Cooktop (s)	Oven (s)	Dishwashers	Refrigerator	Disposal	Microwave	Warm Draw	Fixtures Incandescent Fluorescent	

SERVICE

Amperage	Voltage	1P	3P	# Meters	# Disconnect	<input type="checkbox"/> Underground	<input type="checkbox"/> New	<input type="checkbox"/> Reconnect
						<input type="checkbox"/> Overhead	<input type="checkbox"/> Change	

Visual Re-Inspection
 Safety Re-Inspection
 Re-Inspection

Additional Information

This application is valid for one (1) year from the date received by SWIS. This application is intended to cover the above listed items to be inspected, if at any time of inspection additional items have been installed, you are authorized to make the inspection and adjust the fee for the additional items inspected. The applicant declares that there is no open applications for the above address with any other inspection company. The applicant, owner or authorized agent agrees to all the above terms and conditions as set forth for the application.

Inspector	Date Finalized	Inspector #
Contractor	Date	Signature
Address	City / State	Zip Code
License #	ID #	Phone #