

Date _____

TOWN OF RAMAPO

BUILDING AND ZONING DEPARTMENT

LICENSE NO. _____

Licensed Electrician's Name: _____

Electricians Phone Number: _____

Electrician's Company Name: _____

Company Address: _____

WORK LOCATION: _____

BUILDING OCCUPANCY: _____

(single family, commercial, industrial... etc.)

BUILDING PERMIT NUMBER: _____

New Building _____

Alteration _____

Addition _____

Repair _____

New Service _____

- WORKER'S COMPENSATION AND LIABILITY INSURANCE FORMS MUST BE SUBMITTED AND MAINTAINED FOR THE DURATION OF THE PROJECT
- A FINAL UNDERWRITER'S INSPECTION FORM MUST BE SUBMITTED TO THIS OFFICE PRIOR TO REQUESTING A FINAL INSPECTION

I UNDERSTAND THAT I MUST CALL FOR ALL INSPECTIONS

ELECTRICIAN'S SIGNATURE _____

ANYONE MISREPRESENTING THEMSELVES AS A LICENSED ELECTRICIAN IN THE TOWN OF RAMAPO IS SUBJECT TO A \$5,000 FINE AND/OR 15 DAYS IN JAIL.