



# Town of Ramapo

237 Route 59

Suffern, NY 10901

845-357-5100 PHONE

845-357-5140 FAX

## ELECTRICIAN'S INFORMATION FORM

License Number: \_\_\_\_\_

Licensed Electrician's Name: \_\_\_\_\_

Electrician's Company Name: \_\_\_\_\_

Electrician's Company Address: \_\_\_\_\_

Electrician's Phone Number: \_\_\_\_\_

Work Location: \_\_\_\_\_

New Building: \_\_\_\_\_

Alteration: \_\_\_\_\_

Addition: \_\_\_\_\_

Repair: \_\_\_\_\_

New Service: \_\_\_\_\_

- I understand that I must call for all inspections.
- I further understand that a copy of my license and proof of worker's compensation and liability insurance must be submitted to our office 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.

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.