

ELECTRICAL LICENSE BOARD
PO BOX 768 22 GRAND STREET
NEWBURGH, NEW YORK 12550
TELEPHONE: (845) 569-7415

ONE-JOB ELECTRICAL PERMIT APPLICATION

I hereby apply for a one-job electrical permit to do electrical work in the City of Newburgh at the following property.

PREMISES: _____ RES ___ COM ___ IND ___

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

I am now licensed by: _____ (Municipality)
as a Master Electrician, License Number _____

A CERTIFIED COPY OF THE LICENSE MUST BE INCLUDED WITH THIS APPLICATION.

A FEE IN THE FORM OF A CHECK IN THE AMOUNT OF SEVEN HUNDRED FIFTY DOLLARS (\$750) MADE PAYABLE TO THE *City of Newburgh* MUST ACCOMPANY THIS APPLICATION ALONG WITH THE LIABILITY AND INSURANCE REQUIREMENTS AS EXPLAINED ON THE ATTACHED COPY OF ORDINANCE.

Property Owner: _____

Address: _____

Telephone Number: _____

WORK TO BE DONE AT THIS ADDRESS: (Be specific, state the number of receptacles, switches fixtures etc.)

Floors: _____

APPROVED ELECTRICAL INSPECTION AGENCIES:

___ Electrical Underwriters of New York, LLC 845-569-1759

___ Middle Department Inspection Agency 800-603-6342

___ New York Board 845-298-6792

___ New York Certified Electrical Inspectors LLC 845-294-7695

___ NY Electrical Inspections & Consulting LLC 845-343-3694

___ Swanson Consulting Inc. 845-496-4443

___ Tri-State Inspection Agency 845-986-6514

Please choose one of the above inspection agencies.

DATE: _____ SIGNATURE: _____

APPROVAL TO ISSUE PERMIT: _____

(FIRE CHIEF)

NOTICE TO ALL ONE-JOB ELECTRICAL PERMIT APPLICANTS

According to Ordinance No. 2-94 of January 24, 1994, the following liability and insurance requirements must be complied with:

“Section 155-10. Liability and Insurance Requirements

A) This chapter shall not be construed to relieve from nor lessen the responsibility of any person owning, operating, controlling, or installing any electrical wiring, devices, appliances, or equipment for loss of life or damage to persons or property caused by any defect therein, nor shall the City be deemed to have assumed any such liability by reason of any inspection made or license issued pursuant to this chapter.

B) Any person licensed as a Master Electrician in the City of Newburgh and engaged in installing any electrical wiring, devices, appliances, or equipment shall keep the City of Newburgh adequately secured against liability resulting from the bodily injury or death of any person not employed by the licensed electrician or damage to property occurring by reason of accident resulting from the electrical work performed or in the process of being performed. Such security shall be in the form of a certificate of insurance for general liability insurance. The City Manager shall be named as a certificate holder for this policy and the City of Newburgh shall be named as additional insured. The amount shall be not less than one million dollars (\$1,000,000), two million dollars (\$2,000,000) aggregate. Policy cancellation shall require a minimum of ten (10) days written notice of cancellation to the City Manager. Such Policy shall be written on an occurrence basis and be issued by a company licensed to do business in New York State. Any licensed Master Electrician who fails to maintain a current general liability policy shall not be eligible to apply for permits until such time that they once again obtain a general liability policy as described above.”

CERTIFICATES OF INSURANCE FOR ELECTRICAL WORK SHOULD CONTAIN THE FOLLOWING:

1. Must be an original form
2. City Manager should be named as certificate holder.
3. It should state City of Newburgh is additional insured.
4. \$1,000,000 each occurrence and \$2,000,000 aggregate.
5. Cancellation Note- number of days should be filled in so the City is notified of any cancellation.
6. Insurance Company- must be licensed to do business in New York.
7. Check expiration date.

WORKERS COMPENSATION:

8. We will also need proof of Workers Compensation coverage and disability benefits coverage or proof that you are not required to carry either type of insurance.

ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR POLY LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		03/28/04	12/31/14	EACH OCCURRENCE \$ 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000 MED EXP (Any one person) \$ 10000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMP/OP AGG \$ 2000000 1000000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<i>Sample</i>			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER			12/31/14	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

City of Newburgh is included as additional insured

CERTIFICATE HOLDER

CANCELLATION

City Manager - City of Newburgh

NEWBC11

Public Safety Building
 22 Grand Street
 Newburgh NY 12550

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE