

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

**OWNER-OCCUPANT ELECTRICAL APPLICATION FOR PERMIT**

I hereby apply for an electrical permit to do electrical work in the City of Newburgh at the following property where I am the owner-occupant and the building contains not more than two dwelling units.

PREMESIS: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ELECTRICAL WORK TO BE DONE AT THIS ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that all electrical work performed must comply with the National Electrical Code NFPA #70, the City of Newburgh Code of Ordinances, and that I must contact the Inspection Agency and have an inspection(s) performed by them to receive a certificate that the work meets the code. If the work does not pass the inspection that I must make the necessary corrections to do so.

**APPROVED INSPECTION AGENCIES ARE ATTACHED. YOU  
MUST CHOOSE AN INSPECTION AGENCY PRIOR TO  
OBTAINING YOUR PERMIT.**

A fee of fifteen dollars (\$15.00) in a check payable to the CITY OF NEWBURGH must accompany this application. Please bring in your certificate of occupancy, tax bill, or proof of ownership.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

APPROVAL TO ISSUE PERMIT: \_\_\_\_\_

Fire Chief

## **Approved Inspection Agencies**

**Please Select One of The Following**

<b>Commonwealth Electrical Inspection Service</b>	<b>845-541-1871</b>
<b>Electrical Underwriters of New York</b>	<b>845-569-1759</b>
<b>Middle Department Inspection Agency</b>	<b>518-273-0861/518-985-2594</b>
<b>New York Board</b>	<b>845-298-6792</b>
<b>New York Certified Electrical Inspectors</b>	<b>845-294-7695</b>
<b>Northeast Electrical Inspections</b>	<b>518-852-0826</b>
<b>NY Electrical Inspections &amp; Consulting</b>	<b>845-343-6934</b>
<b>Swanson Consulting</b>	<b>845-496-4443</b>
<b>Tri-State Inspection Agency</b>	<b>845-986-6514</b>
<b>Z-3 Consultants</b>	<b>845-471-9370</b>

## **PROCEDURE FOR OWNER-OCCUPANT ELECTRICAL PERMIT APPLICATION**

You must be the owner and occupant of a single or two family dwelling to qualify for this permit:

**Please submit the following with your properly completed application:**

1. Deed, Certificate of Occupancy, tax bill, or other proof of ownership.
2. A check in the amount of fifteen dollars (\$15.00) made payable to the City of Newburgh.

Your application will be reviewed and approved or denied accordingly.

You will be contacted to either pick up your permit or will be advised as to the reason for denial and what corrections to make before resubmission.

An electrical inspection must be performed by the inspecting agency designated on the permit application to ensure the work meets code. In the event the work does not pass the inspection, the inspector will advise you of the corrections necessary to pass the inspection. The work **MUST** pass inspection before the electrical permit can be closed.

## **Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3, or 4 Family, Owner-occupied Residence**

**\*\* This form cannot be used to waive the workers' compensation rights or obligations of any party. \*\***

Under penalty of perjury, I certify that I am the owner of the 1, 2, 3, or 4 family, owner – occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

I am performing all the work for which the building permit was issued.

I am not hiring, paying, or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.

I have a homeowner's insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for work which the building permit was issued.

### **I also agree to either:**

Acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a WC/DB-100 exemption form; OR

Have the general contractor, performing the work on the 1, 2, 3, or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

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Signature of Homeowner

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Date Signed

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Homeowner Name Printed

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Telephone Number

Property Address that requires the building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribe and sworn to (or affirmed) before  
me on this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_ by \_\_\_\_\_  
proved to me on the basis of satisfactory  
evidence to be the person(s) who appeared  
before me.

**Once notarized, this Form BP-1 serves as an exemption for both workers' compensation and disability benefits insurance coverage.**