



Application for Electrical Permit

City of Kingston

5 Garraghan Drive
Kingston, NY 12401
Phone (845) 331-1217
Fax (845)331-1224

Owner of Property: _____ Phone No. _____
Mailing Address: _____
Location of Job: _____

Name of Contractor responsible for electrical installation:

Business Name in full: _____ License No. _____
Mailing Address: _____
Phone# _____ Cell# _____ Fax# _____ E-MAIL _____

State use of premises: **Residential** **Commercial**

Proposed work is: **Exposed** **Concealed** **Old** **New**

Nature of work: **(BE SPECIFIC WITH NUMBER AND LOCATION OF COMPONENTS AND/OR APPLIANCES)**

Service Information:

Size of Service: _____

Service Enters Building: Overhead Underground

Application fees are made payable to the City of Kingston

Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY

Permit fee: _____

Reviewed by: _____ Title _____ Date _____



PERMIT LETTER OF AUTHORIZATION

I _____ do hereby grant permission
(Owners Name)

to _____ to act as my agent in all aspects in order to
(Agents Name)

obtain a building/electric/plumbing permit from the City Of Kingston for property located at

(Address)

This will allow my agent to answer any and all questions on my behalf and to sign any and all documents for me; however, I accept full responsibility to ensure that my project meets all zoning and building code compliance.

(Owner's Signature)

(Date)