

Village of Lansing
2405 North Triphammer Road
Ithaca NY 14850
Office (607)-257-8363 Cell Phone: (607) 592-5829
Fax (607)-257-3230

For Office Use only

Application No. _____ Permit No. _____
Total Fee _____ Fee Rec'd: _____
Initial Fee (\$85) _____
Amount Due _____

APPLICATION FOR ELECTRICAL/FIRE ALARM PERMIT

(Fire Alarm Installers License Must Be Submitted at the Time of Application)

(Applications can be emailed to codeofficer2@vlansing.org or mailed to the above address)

Is there an existing Building Permit for this project?: Yes <input type="checkbox"/> Permit #: _____ No <input type="checkbox"/>	
Project Street Address: _____	Tax Parcel #: _____
Location of work: _____	Building is: New <input type="checkbox"/> Existing <input type="checkbox"/>
Occupant's Name: _____	Phone: _____
Owner's Name: _____	Phone: _____
Owner's Address: _____	
Electrician: _____	
Electrician's Mailing Address: _____	
Phone _____ Cell Phone: _____	
NYSEG Reference #: _____	NYS Fire Alarm License #: _____
Describe Work: _____	
Type: _____	New <input type="checkbox"/> Additional <input type="checkbox"/> Replacement <input type="checkbox"/> Repairs <input type="checkbox"/> Alteration <input type="checkbox"/> Replacement <input type="checkbox"/>
Violations Corrected: _____	(Requires Elec. Survey) <input type="checkbox"/>
Work is: _____	Exposed <input type="checkbox"/> Concealed <input type="checkbox"/>
Fire Alarm System: _____	New <input type="checkbox"/> Existing <input type="checkbox"/>
Pool: _____	New <input type="checkbox"/> Existing <input type="checkbox"/>
Service enters: _____	Overhead <input type="checkbox"/> Underground <input type="checkbox"/>
Size of Mains: _____	Feeders: _____ Parallel <input type="checkbox"/> Size: _____
No. of meters: _____	Phase: 1Ø <input type="checkbox"/> 3Ø <input type="checkbox"/> Branch circuits <input type="checkbox"/> No. of Circuits: _____
Date for work to begin: ___/___/___	Date to be completed: ___/___/___ Date inspection requested: ___/___/___
This application is intended to cover the above-listed equipment to be inspected. However, if at time of inspection there is found additional equipment not listed above, you are authorized to make the inspection and adjust the fee to cover the additional equipment, as provided by the applicant.	
Required Liability / Workers' Compensation / Disability insurance carried by Owner <input type="checkbox"/> Contractor <input type="checkbox"/> will be in force at all times during the work.	
Applicant's Name: _____ Phone: _____	
Signature of Applicant: _____ Date: ___/___/___	
OFFICE USE ONLY:	
Inspectors Comments: _____	
_____ Completed: ___/___/___	
Project Type: _____	New Building <input type="checkbox"/> Addition <input type="checkbox"/> Defects Removed <input type="checkbox"/> Change of Use <input type="checkbox"/> Relocate <input type="checkbox"/> Demo <input type="checkbox"/>
	Site Work <input type="checkbox"/> Repair <input type="checkbox"/> Alt-1 <input type="checkbox"/> Alt-2 <input type="checkbox"/> Alt-3 <input type="checkbox"/> HUD Code: _____
Issued: ___/___/___	(Expires 2 years after issue date)
Signature of Inspector: _____	

() Residential () Commercial

() Basement () 1st Floor () 2nd Floor () 3rd Floor () Garage () Attic () Outside () No. of Apartments _____

Fixture Outlets		Receptacles		Switches		Incandescent		Florescent		Other	
Ranges		Cooking Decks		Ovens		Dishwashers		Exhaust Fans		Electric Room Heaters	
AMT.	K.W.	AMT.	K.W.	AMT.	K.W.	AMT.	K.W.	AMT.	K.W.	AMT.	K.W.
Dryers			Furnaces				Future Appliance Feeders				
AMT.		K.W.		OIL	H.P.	GAS	H.P.	AMT.	No.	AWG.	
Special Receptacles		Time Clocks		Bell Transformers			Unit Heaters		Multi-outlet Systems NO. of Feet		
AMT.	K.W.	AMT.	K.W.				AMT.	K.W.			
Dimmers		Service Disconnect			No. of Meter Equipment			Electric Water Heater			
AMT.	WATTS	AMT.	AMP	Type					AMT.	K.W.	
Service											
102W	103W	303W	304W	No. of current Carrying Conductor Per Phase	Size of Current Carrying Conductor Per Phase	No. of Neutrals	Size of Neutrals	No. of HI- LEG Where Applicable	Size of HI-LEG Where Applicable		
Signs											
AMT.		No. Of Lamps or Trans			Type			Total Rating			
					INC.			VA.			
					FL.			WATTS			
					GT.			AMPS			
Other Apparatus				Motors				Panels			
				AMT.	H.P.	AMT.	H.P.	AMT.	No. of Circuits	Rating	
				Transformer							
				AMT.	KVA	AMT.	KVA				
G.F.C.I		Smoke Detector			Track Lighting			Disposal			
					No. of Feet			AMT.	HP		