# City of Port Jervis, New York



Building Department Offices PO Box 1002 20 Hammond Street Port Jervis NY 12771 (845) 858-4000 Ext 4080 Fax # (845) 856-6913

www.portjervisny.org

#### **INSTRUCTIONS FOR ONE-TIME ELECTRICIAN'S LICENSE**

- 1) Application fee \$300.00, Non-refundable, check made payable to the City of Port Jervis.
- 2) If applicant fee for a one-time license is approved by the Board of Electrical Examiners, the fee for the issuance of the one-time License is one percent (1%) of the estimated cost of the work as stated on the building permit application or one thousand (\$1000.00), whichever is greater.
- 3) Such one-time license shall be valid only for a specific contract or job, at a specific location, and shall expire upon issuance of a Certificate of approval for the work covered by the contract of the job.
- 4) A building permit is required for all electrical work. Fee will be calculated on the cost of the project.

#### SUBMIT THE FOLLOWING INFORMATION WITH YOUR APPLICATION

- Check made payable to the City of Port Jervis in the amount of \$300.00.
- 2) Copy of your current electrician's license(s).
- Copy of your current Orange County, New York electrical license.
- 4) Name, address and telephone number of your licensing bureau/municipality. Note: You must be licensed by another municipality, with licensing standards and requirements equal to or more substantial than those of the City of Port Jervis, and/or Orange County, New York electrical license including examination.
- 5) Copy of current liability insurance and workmen's compensation insurance.
- 6) List of employees to work on the job location. If any changed occur, an amended list must be submitted to the Building Department.

The Board of Electrical Examiners meeting is held on the first Wednesday of each month at 5:45 P.M. Your application will be reviewed at that time. The Board is in recess during the months of July & August.



### **CITY OF PORT JERVIS**

BUILDING DEPARTMENT
14-20 HAMMOND STREET; P.O. BOX 1002
PORT JERVIS, NEW YORK 12771
TELEPHONE: (845) 858-4080
FAX: (845) 856-6913

## **APPLICATION FOR ONE-TIME ELECTRICIAN'S LICENSE**

| FOR BOARD USE ONLY Date received   | application |                        | Place a 1 ½ x 1 ½ Photograph taken within thirty (30) days of date of application here |  |  |  |
|--|-------------|------------------------|--|--|--|--|
| Date received  | fee         | 4                      |  |  |  |  |
| Application fee  |             |                        |  |  |  |  |
| License issued   | No.         |                        |  |  |  |  |
| Date issued  | license     |                        | 3  |  |  |  |
| FOR BOARD USE ONLY The Board of Electrical Examiners hereby grants denies the license applied for in this application. |             |                        |  |  |  |  |
| Date   |             | Electrical Board Chair | man  |  |  |  |

|               | FOR INDIVIDUAL A   | PPLICANT  |        |                 |
|---------------|--|---|--------|-----------------|
|               | NAME:  |   |        |                 |
|               | HOME ADDRESS:  |   |        |                 |
|               | TOWN:  | COUNTY: ZIF   | ):     |                 |
|               | HOME TELEPHONE   | E NO.:  |        |                 |
|               | NAME OF APPLICA  | NT'S BUSINESS:  |        |                 |
|               | BUSINESS ADDRES  | SS:   |        |                 |
|               | BUSINESS TELEPH  | IONE NO.:   |        | 2               |
|               | SOCIAL SECURITY  | NO.:  |        |                 |
|               | DATE OF BIRTH:   |   | 18     |                 |
|               |  |   |        |                 |
|               |  |   |        |                 |
|               |  |   |        |                 |
|               |  |   |        |                 |
| FOR           | CORPORATE OR AS  | SUMED NAME:   |        |                 |
|               | PORATE<br>E:   | OR  |        | ASSUMED         |
|               | CIPLE  |   |        | OFFICE          |
| ADD           | RESS:  |   |        | _               |
| TOW           | N:   | COUNTY:   | _ZIP:_ |                 |
| INDIV         | -<br>/IDUAL  |   |        | SUPERVISOR'S    |
|               |  |   |        | OUI EINVIOUNG   |
| TELE<br>NO.:_ | PHONE  |   |        | 8               |
| LOCA          | TION AND NAME OF O   | WNER OF PROPERTY WHERE WORK IS TO BE PERFORMED:   |        |                 |
|               |  | ¥   |        |                 |
|               |  |   |        |                 |
| NAME          | RTANT NOTE: ATTACH<br>, ADDRESS AND TELEF<br>ILL AGENCIES: | I COPY OF CURRENT ELECTRICIAN'S LICENSE(S).<br>PHONE NUMBER OF WHERE YOU HOLD A MASTER ELECTRIC | ZIAN'S | LICENSE, PLEASE |
| 1)            |  |   |        |                 |
|               |  |   |        |                 |
| 3)            |  |   |        |                 |

| APPLICATION MUST BE SIGNED BEFORE A NOTARY P  | UBLIC.   |
|---|--|
| INDIVIUAL NOTARIZATION STATE OF   | SIGNATURE OF APPLICANT   |
| COUNTY OF SS:   |  |
| TO ME KNO   | 19, BEFORE ME PERSONALLY CAME<br>WN AND KNOWN TO ME THE INDIVIDUAL<br>EXECUTED THE FOREGOING INSTRUMENT, AND   |
| CORPORATE NOTARIZATION STATE OF   | NOTARY PUBLIC  |
| COUNTY OF:  |  |
| THE CORPORATION D INSTRUMENT; THAT HE/SHE KNOWS THE SEAL OF S,  | 19, BEFORE ME PRSONALLY AY THAT HE/SHE RESIDES AT, OF ESCRIBED IN AND WHICH EXECUTED THE ABOVE AID CORPORATION; THAT THE SEAL AFFIXED TO SAID BY DRPORATION, AND THAT HE/SHE SIGNED HIS/HER NAME |
| NOTE: A BUILDING PERMIT IS REQUIRED FOR ALL ELICENSE YOU MUST OBTAIN A BUILDING PER COMMENCEMENT OF WORK. | NOTARY PUBLIC<br>ELECTRICAL WORK. ONCE YOU ARE APPROVED FOR A<br>MIT FROM THE BUILDING DEPARTMENT PRIOR TO   |

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