Dear Applicant:

Attached is a Lewis County Electrical Permit Application and Fee Schedule. This application is for use only in communities where the County of Lewis is responsible for enforcement of the Building Codes of New York State. The permit applied for with this form applies only to the Building Codes of New York State and has no bearing on the other local, State, or Federal regulations, such as zoning or floodplain ordinance, etc.

The permit fee must be submitted to the Lewis County Building & Codes Office with the completed application. Please make all checks payable to the Lewis County Clerk and mail to the Lewis County Building & Codes Department, 7660 North State Street, Lowville, New York 13367.

Applicant is informed that all electrical work will require a third party electrical inspection prior to a Certificate of Occupancy or Use being issued.

All work shall comply with NFPA 70-2017. All solar photoelectric systems shall comply with NEC Section 690.

The approved permit and all correspondence will be mailed to the owner at the address indicated on the application.

It is the responsibility of the owner to see that the Lewis County Code Enforcement Officer is notified when the project will be ready for the next inspection.

If you have any questions, please contact the Lewis County Building & Codes Office at (315) 376-5377.

Sincerely,

Ward Dailey
Senior Code Enforcement Officer

Attachment
LEWIS COUNTY BUILDING & CODES DEPARTMENT
LEWIS COUNTY COURT HOUSE
7660 N. STATE ST.
LOWVILLE, NEW YORK 13367
Phone: (315) 376-5377 Fax: (315) 377-3137

Permit Number _______________________

Electrical Permit Application

Date _______________________________ Census Code __________________________

Tax Map # _________________________________

Construction Start Up Date __________________________ Application Fee $ _______________

Property Owner’s Name ____________________________ Phone _________________________

Mailing address _________________________________________________________________

Contractor Name ____________________________ Phone _________________________

Mailing address _________________________________________________________________

Project Address (911 address) _________________ Town _________________________

Description of Project ___________________________________________________________

Electrical Inspector _____________________________________________________________

Value of Work (materials & labor) - $ ______________________________

° Driveways may be subject to regulation, applicant is responsible to contact entity that controls road
Right of Way prior to installation

To apply for a Building Permit, you MUST provide this Application filled out, a check payable to the Lewis
County Clerk for the application fee, One (1) copy of a Plot Plan, Two (2) copies of a Building Plan, or Floor
Plan, and an approved Zoning / Land Use Permit where required by your town.

Residential Alterations Fee Schedule

Up to $5,000 $ 40.00
For each $3,000 over the first $5,000 $ 5.00

☐ SINGLE FAMILY / DUPLEX ☐ MULTI-FAMILY ☐ SIGNS

Service size: _____ amps

☐ PHOTOVOLTAIC ☐ SEPARATELY DERIVED SYSTEMS  ☐ WIND / HYDRO

☐ GENERATORS (over 4,000 watts)
## RESIDENTIAL FIXTURES / EQUIPMENT:

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<th>Description</th>
<th>Rating</th>
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<tbody>
<tr>
<td></td>
<td>New Residential Service</td>
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<td>Fan Coil Unit</td>
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<td>Service</td>
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<td>Furnace (Electric)</td>
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<td>Temporary/Permanent</td>
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<td>Furnace (Gas/Oil)</td>
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<td>Temporary/Construction</td>
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<td>Heating Equipment</td>
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<td>Sub Panel</td>
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<td>Receptacles</td>
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<td>Switches</td>
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<td>Compactor</td>
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<td>Sub Meter</td>
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<td>Cook-top</td>
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<td>Circuits</td>
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<td>Dishwasher</td>
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<td>Fixtures</td>
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<td>Disposal</td>
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<td>Air Cleaner</td>
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<td>Dryer</td>
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<td>Air Conditioner</td>
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<td>Humidifier</td>
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<td>Baseboard Heat</td>
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<td>UPS System - KVA</td>
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<td>Unit Heater</td>
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<td>Security System</td>
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<td>Attic Fan</td>
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<td>Water Heater</td>
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<td>Ceiling Fan</td>
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<td>Water Pump</td>
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<td>Central Vacuum</td>
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<td>Overhead Door Openers</td>
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<td></td>
<td>Generator - KW</td>
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<td>Meters</td>
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<td>Hot Tub Pump - HP</td>
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<td>Other - KW</td>
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<td></td>
<td>Hydro Tub Pump - HP</td>
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<td>Oven</td>
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<td>Motor - HP</td>
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<td>Sump Pump - HP</td>
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<td>Smoke Detector</td>
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<td>Transformer - KVA</td>
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<td>Other - HP</td>
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<td>Photovoltaic Panels</td>
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<td>Wind Turbines</td>
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<td>Batteries/Storage System</td>
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<td>Converters</td>
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<td>Inverters</td>
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<td>Kilns</td>
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<td>Heat Pump</td>
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<td>Elevator</td>
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<td>Vehicle Charging</td>
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<td>Solar Thermal/Systems</td>
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## PREMISES WIRING (SYSTEM)

That interior and exterior wiring, including power, lighting, control and signal circuit wiring together with all of their associated hardware, fittings and wiring devices, both permanently and temporarily installed, that extends from the service point or source of power such as a battery, a solar photovoltaic system, or a generator, transformer, or converter winding, to the outlet(s). Such wiring does not include wiring internal to appliances, luminaries (fixtures), motors, controllers, and similar equipment.
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 obligation 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 that 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 for 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 homeowners’ 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 forty (40) hours per week (aggregate hours for all paid individuals on the jobsite) for 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 forty (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 the project takes a total of forty (40) hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

(Signature of Homeowner)  
(Date Signed)  
(Homeowner’s Name Printed)  
Home Telephone Number: __________________________

Property Address that requires the building permit:
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________

Sworn to before me this _________ day of ____________________, ________.

_________________________________________________
(County Clerk of Notary Public)

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

BP-1 (9-07) NY-WCB
STATEMENT OF WORKERS’ COMPENSATION
(CONTRACTOR)

As the contractor of record for this permit application, I understand that I am responsible for proof of Workers’ Compensation or proof of Exemption from Workers’ Compensation. I agree I will provide proof of Workers’ Compensation or proof of Exemption to the Lewis County Building and Codes Office. I understand that the proof will be filed for a period of one (1) year.

______________________________  ___________________________
Signature of Contractor           Date Signed

______________________________
Contractors Name Printed

THIS PERMIT COVERS ONLY THE WORK DESCRIBED IN THIS APPLICATION.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

______________________________  ___________________________
Signature of Applicant or Authorized Agent Date

FOR ENFORCEMENT OFFICERS USE ONLY

Approved Zoning Permit Required – YES / NO / NA   Type Of Construction ________________________

I, the undersigned, Code Enforcement Officer of the County of Lewis, hereby (approve) (deny) the within application for a building permit.

______________________________  ___________________________
Date Code Enforcement Officer