

# Village of Massena

## Building Department

Town Hall Building  
60 Main Street  
Massena, NY 13662  
Tel: 315-769-6803  
Fax: 315-769-0257

**ELECTRICAL**  
PERMIT NUMBER

Commercial       Single-Family       Duplex       Multi-Family

JOB ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

OWNER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR \_\_\_\_\_

LIC. NUMBER \_\_\_\_\_ PHONE \_\_\_\_\_

Please select the type of work that will be completed and include amperage and model of appliance if applicable

NEW SERVICE		FIRE ALARM	
SERVICE AMPERE RATING		SERVICE CHANGE	
ELECTRIC WALL HEATER KW		ELECTRIC FURNACE KW	
CONSTRUCTION METER		OTHER	

PLEASE DESCRIBE THE PROJECT (REQUIRED):

THE ISSUANCE OF A PERMIT, ANY INSPECTIONS MADE OR CERTIFICATE OF OCCUPANCY ISSUED SHALL NOT BE CONSTRUED TO BE A PERMIT FOR, NOR AN APPROVAL OF, ANY VIOLATION OF THE NY STATE BUILDING CODES OR ANY OTHER CODE OR ORDINANCE ADOPTED BY THE VILLAGE OF MASSENA.

BY SIGNING BELOW I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT ALL INFORMATION IS CORRECT AND AGREE NOT TO START THIS PROJECT UNTIL THIS APPLICATION IS APPROVED AND THE BUILDING PERMIT IS ISSUED. I ALSO AGREE TO COMPLY WITH THE LAWS OF THE STATE OF NEW YORK AND TO THE ZONING REGULATIONS AND NY STATE BUILDING CODES AS ADOPTED BY THE VILLAGE OF MASSENA AND AS APPLICABLE. ANY VIOLATION OF THESE TERMS WILL BE CAUSE FOR IMMEDIATE REVOCATION OF THIS PERMIT.

BUILDING DEPARTMENT	APPLICANT SIGNATURE _____	DATE _____	VALUATION: \$ _____
	PRINT NAME _____		PERMIT FEE: \$ _____
			TOTAL : \$ _____