



# CITY OF ITHACA

108 East Green Street Ithaca, New York 14850-5690

BUILDING DEPARTMENT - 4<sup>TH</sup> Floor

Telephone: 607 274-6508 Fax: 607 274-6521

## APPLICATION FOR RECIPROCAL / TEMPORARY ELECTRICAL LICENSE

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Job Address: \_\_\_\_\_

Name of business / building where the work is being done: \_\_\_\_\_

Property owner (name & address): \_\_\_\_\_

Amount of electrical contract: \_\_\_\_\_ Date work scheduled to begin: \_\_\_\_\_

1. You must submit the following information with this application:

- copy of two signatures contract
- copy of current electrical license / fire alarm license
- proof of current Liability Insurance
- proof of current Workers' Compensation Insurance
- proof of current Disability Insurance

If you do not carry Workers' Compensation and/or Disability Insurance you must submit the Certificate of Attestation of Exemption from the Workers' Compensation Board web site (<http://www.wcb.state.ny.us>)

2. In addition to the reciprocal / temporary electrical license application you must complete an application for electrical inspection and pay all applicable permit fees before work is started. All electrical installations must be inspected by the City of Ithaca's Electrical Inspector. To contact the Electrical Inspector at (607) 274-6508.

I certify that the information contained or attached to this application is accurate. I understand that the approval of this application is only valid to the extent that the building department is authorized the approval of this application is only valid to the extent that the building department is authorized and that additional approvals such as that of the property owner may be required.

Signature of applicant: \_\_\_\_\_

(For Office Use Only)

Proof of valid electrical license provided: Yes  Expiration date: \_\_\_\_\_

Proof of valid Liability Insurance Provided: Yes  Expiration date: \_\_\_\_\_

Proof of Workers' Compensation Insurance provided: Yes  Expiration date: \_\_\_\_\_

Proof if Disability Insurance provided: Yes  Expiration date: \_\_\_\_\_

Certificate of Attestation of Exemption from W/C Insurance provided: Certificate #: \_\_\_\_\_

Certificate of Attestation of Exemption from Disability Insurance provided: Certificate #: \_\_\_\_\_

Fee paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date approved: \_\_\_\_\_ Temp. Lic. # \_\_\_\_\_

Electrical Inspector \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify that I have examined the above detailed statement and find same to be in accordance with the provisions of the ordinances relating to temporary licenses and that same has been approved and entered in the records, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

For the Building Department, Building Commissioner