



EP# _____

CITY OF BUFFALO
Department of Permit Inspection Services

65 Niagara Square Room 312
 Buffalo, NY 14202

Application for Electric Permit

DATE _____

Property Owner _____

Master Electrician _____

Address _____

Business Name _____

Phone _____

Phone _____

Address for Permit _____

Brief explanation of work to be done _____

Structure use classification: include square footage (unless using flat fee) _____

Choose and complete the appropriate permit fee category.

Flat Fee: 1 or 2 FAMILY DWELLING	
Application fee	\$ 25
Permit and inspection fee	\$
TOTAL FLAT FEE	\$
Flat Fee: LINE VOLTAGE	
Application fee	\$ 25
Permit and inspection fee	\$
TOTAL FLAT FEE	\$
Flat Fee: LOW VOLTAGE	
Application fee	\$ 25
Permit and inspection fee	\$
Fire Alarm fee	\$
Termination fee: # x \$5.00 =	\$
TOTAL FLAT FEE	\$

COMMERCIAL/MULTIPLE DWELLING	
Application fee	\$ 25
Permit and inspection fee	\$
TOTAL FLAT FEE	\$
COMMERCIAL/INDUSTRIAL/MULTIPLE DWELLING	
Application fee	\$ 25
Permit and inspection fee	\$
TOTAL FLAT FEE	\$
ELECTRICAL GC AREA CALCULATED FEE	
Application fee	\$ 25
Plan Review fee	\$
Permit and inspection fee	\$
TOTAL FLAT FEE	\$

I request permission to perform electrical work in the City of Buffalo as outlined on this application. I understand and agree that all such work shall be in compliance with all City of Buffalo and State of New York rules and regulations which may apply. Under penalties of perjury, I declare that I have examined this application and all information listed and it is correct and accurately reflects all electrical work being done by myself and/or my company.

For office use only:
Permit approved by: _____
Date: _____

TOTAL FEE: _____

Signature of Master Electrician _____