


VILLAGE OF SPRINGVILLE

Electric Service Permit Application

PLEASE PRINT CLEARLY

Property Address: _____
Springville, NY 14141

Property Owner Name: _____
Address: _____
Phone # _____ Day Phone # _____
Signature: _____ Date: _____

Applicant Name: _____
Address: _____
Phone # _____ Day Phone # _____
Signature: _____ Date: _____

Electrician Name: _____
Address: _____
Phone # _____

Description of Work

New service, Above Ground, Under Ground

New or Replace panel box, _____ amps

Residential, Commercial, Industrial

Other; _____

There may be charges depending on the type of work being requested.

Third Party Electric Inspector: _____