

NEW YORK BOARD OF FIRE UNDERWRITERS

For assistance filing this application please call (716) 626-1571 or (585) 436-4460

INSPECTION LOCATION:

OWNER:

LAST NAME

OWNER LAST NAME

FIRST NAME

OWNER FIRST NAME

STREET 1

STREET 1

STREET 2

STREET 2

CITY/TOWNSHIP

CITY

COUNTY

STATE

ZIP CODE

STATE

ZIP CODE

CONTACT PHONE NUMBER

HOME PHONE

UTILITY COMPANY

WORK PHONE

ESO / JOB NUMBER

POLE NUMBER/UNIT

BUILDING
PERMIT
NUMBER

SECTION BLOCK LOT

BRIEF DESCRIPTION OF WORK TO BE INSPECTED:

NAME OF APPLICANT

DATE OF APPLICATION

X

SIGNATURE OF APPLICANT

STREET ADDRESS

TELEPHONE NUMBER

CITY OR POST OFFICE

ZIP CODE

ELECTRICAL LICENSE NUMBER (WHEN APPLICABLE)

Charge my: ACCOUNT NUMBER

Expiration date: __ / __



NAME AS PRINTED ON CARD

Office Use Only

Appr.Code _____

CSR _____

Amt \$ _____

Epic# _____

Or Charge my NYBFU Account # _____

Initial \$50.00 fee is charged to credit cards. We will bill Balance due upon final Inspection.

Applicant affirms that there is not an application for electrical inspection pending with a qualified electrical inspection authority for the installation listed herein. This application is valid for one (1) calendar year from the date received by the NY Board of Fire Underwriters.

RETURN VIA FAX TO: (716) 626-1393 or (585) 436-4474

MAIL: 5500 Main St.- Suite 210, Williamsville, NY 14221