

MUNICIPALITY _____ COUNTY _____



Electrical Permit Application

PLEASE PRINT OR TYPE ALL INFORMATION

PERMIT # _____ TRACKING # _____ DATE: _____

Commercials _____ Residential _____
Exposed _____ Concealed _____
FEE \$ _____

JOB ADDRESS: _____
Street Number and Name

Use of Structure: _____

OWNER'S NAME: _____

PHONE NUMBER(s): _____ Cell _____ Fax _____

CONTRACTOR'S NAME: _____

ADDRESS: _____
Street Number and Street Name

_____ City _____ State _____ Zip _____

Phone Numbers: _____
Office _____ Cell _____ Fax _____

List of work performed: Electric signs Receptacles Switches Lights
Service reconnect Temp. Service AC Alarms Sign

Other Equipment: _____ New Service: _____

Utility Job #: _____ Service Size: _____

No. of Sub Panels and Sizes: _____

Inspector's Use: _____

Cut Card: _____ MB #: _____ Inspector: _____

Applicant Name: _____
Print and Sign

COMMERCIAL ONLY