

# ELECTRICAL PERMIT

Jurisdiction of \_\_\_\_\_

Applicant to complete numbered spaces only.

JOB ADDRESS			
1 LEGAL DESCR.	LOT NO.	BLK	TRACT <input type="checkbox"/> (SEE ATTACHED SHEET)
2 OWNER	MAIL ADDRESS		ZIP PHONE
3 CONTRACTOR	MAIL ADDRESS		PHONE REGISTRATION NO.
4 ARCHITECT OR DESIGNER	MAIL ADDRESS		PHONE REGISTRATION NO.
5 ENGINEER	MAIL ADDRESS		PHONE REGISTRATION NO.
6 LENDER	MAIL ADDRESS		BRANCH
7 USE OF BUILDING			
8 Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR			
9 Describe work:			

OWNER  
JOB ADDRESS

SPECIAL CONDITIONS:

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APPLICATION ACCEPTED BY \_\_\_\_\_ PLANS CHECKED BY \_\_\_\_\_ APPROVED FOR ISSUANCE BY \_\_\_\_\_

PERMIT FEES			No.	Each	Fee
RECEPTACLE	Total Outlets				
LIGHT					
SWITCH					
LIGHTING FIXTURES	Total Fixtures				
RANGES CLO. DRYER WTR. HTR.					
GARBAGE DISP. STA. COOK TOP					
DISH. WASH. CLOTHES WASH.					
SPACE HTR. STA. APPL. 1/2 H.P. MAX.					
MOTORS:	H.P.				
SIGNS	NO. TRANS.				
	NO. LAMPS				
TEMP. POWER	<input type="checkbox"/> POLE <input type="checkbox"/> UNDG.				
SERVICE	0-200A				
	201-400A				
<input type="checkbox"/> NEW	401-600A				
<input type="checkbox"/> CHANGE	OVER 600A				
PERMIT ISSUING FEE			\$		
TOTAL FEE				\$	

**NOTICE**

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

\_\_\_\_\_  
SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION    CK.    M.O.    CASH    PERMIT VALIDATION    CK.    M.O.    CASH