

Electrical Permit Application:

DATE: _____

CONTRACTOR'S LICENSE NO. _____

LOCATION: _____

OWNER: _____

OWNER ADDRESS IF DIFFERENT FROM LOCATION:

OWNER PHONE NUMBER: _____

KIND OF BUILDING: _____

USED AS: _____

TO BE COMPLETED ABOUT: _____

VALUE OF JOB UPON COMPLETION: _____

(Circle One)	NEW	ALTERATION	REPAIR	ADDITION
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CRS # _____

ITEM	NUMBER
Ceiling Outlets	
Switches	
Plug Receptacles	
TOTAL OUTLETS	
Air Heaters	
Ranges	
Signs	
Water Heater	
Lighting Circuits	
Other Circuits	
TOTAL CIRCUITS	
Motors	
Panel Size	
Sub Feeder Size	
Generator: Portable <input type="checkbox"/> Standby <input type="checkbox"/> (Manufacturer's Specs Required)	
Generator Receptacle (for Portable Plug-In) (Manufacturer's Specs Required)	
Transfer Switch (Manufacturer's Specs Required)	
CONTRACTOR'S NAME:	
STREET ADDRESS:	
CITY/STATE/ZIP:	
PHONE NO:	

READY FOR INSPECTION ON _____ OR WILL CONTACT PERMIT CLERK LATER _____
SIGNATURE OF OWNER, CONTRACTOR OR
AUTHORIZED REPRESENTATIVE MAKING
APPLICATION: _____

FEE: _____

PERMIT NO. _____