

APPLICATION FOR ELECTRICAL PERMIT

67 Athens Street,
Jefferson, GA 30549

Jackson County Protective Inspections Division

Phone: 706/367-6335
Fax: 706/367-2578

Fill out the following information and turn in with all supplemental items requested by the Public Development Department. Any application that is found to be incomplete **will not be** issued a permit.

Owner's Name: _____ Phone: _____

Existing Building: YES NO Present Use: _____

Construction Site 911 Address: _____

Subdivision _____ Lot #: _____ Map and Parcel #: _____

Electrical

Contractor: _____ Cell Or Mobile #: _____

Business License #: _____ State License #: _____

WORKED PERFORMED ON: SINGLE FAMILY _____ DUPLEX _____ APARTMENTS _____

MANUFACTURED HOME _____ COMMERCIAL _____

WORK MUST COMMENCE WITHIN 6 MONTHS OF ISSUANCE AND NOT BE ABANDONED IN EXCESS OF 6 MONTHS OR PERMIT WILL BECOME VOID.

SERVICE INFORMATION:

VOLTAGE: _____ CONDUCTOR SIZE: _____

PHASE: _____ TYPE OF CONDUCTOR: _____

AMPERAGE CAPACITY: _____ UTILITY COMPANY: _____

METHOD OF ENTERING BUILDING: ABOVE GROUND UNDERGROUND

NUMBER OF CIRCUITS ADDED _____

CHECK IF APPLICABLE: TEMPORARY POWER POLE CHANGE PANEL BOX
 POWER POLE REPAIRS
 CHANGE OF SERVICE OTHER (EXPLAIN) _____

THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THE PROPOSED WORK MEETS ALL CODES AND ORDINANCES OF JACKSON COUNTY.

APPLICANT'S SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY: Zoning: _____	
Building Inspector Approval: _____	Date: _____
<input type="checkbox"/> DENIAL OF APPLICATION <input type="checkbox"/> INCOMPLETE	Date: _____ By: _____
Reason: _____	