

ELECTRICAL PERMIT APPLICATION

MAILING ADDRESS
P.O. BOX 1868
Athens, GA 30603

ATHENS-CLARKE COUNTY INSPECTION DEPARTMENT
PHONE: (706) 613-3520

FAX: (706) 613-3527

STREET ADDRESS
120 W. Dougherty Street
Athens, GA 30601

STREET ADDRESS: _____ SUBDIVISION: _____

BLDG/TENANT SPACE#: _____ TAX MAP: _____ BLOCK: _____ LOT: _____

ZONE _____ EXISTING BLDG? Y _____ N _____ PRESENT USE: _____

OWNER: _____ ADDRESS: _____

WORK PERFORMED ON: SINGLE FAMILY _____ DUPLEX _____ APTS _____ COMMERCIAL _____

MANUFACTURED HOME _____ CLASS A HOME _____ MAKE ADDITIONS/ALTERATIONS TO: _____

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
 TRAILER 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 ATHENS-CLARKE COUNTY.

CONTRACTOR _____
STREET ADDRESS _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ DATE _____
STATE LICENSE NO. _____
BUSINESS LICENSE NO. _____

| | |
|--|-------------------|
| SHADED AREAS FOR OFFICE USE ONLY | |
| Minimum Fee \$80.00 x No. of Units _____ | |
| # Circuits _____ x \$2 = _____ | |
| PERMIT TOTAL | = \$ _____ |

Please provide copies of Business , State and Driver's Licenses if not already on file with ACC Building Inspections Dept.

APPLICANT NAME _____ (PRINT)

APPLICANT SIGNATURE _____

DATE _____

REMARKS:

DATE ISSUED _____ PERMIT NO. _____ FEE _____
APPROVED BY _____ DENIED BY _____ DATE ENTERED _____