



ELECTRICAL PERMIT

PERMIT NUMBER: _____

DATE: _____

OWNER: _____ CONTRACTOR: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ PHONE: _____

LOCATION: _____ PARCEL NUMBER: _____

BUILDER: _____

RESIDENTIAL: NEW ALTERATION

COMMERCIAL: NEW ALTERATION

NC POWER WORK REQUEST NUMBER OR POWER METER NUMBER (IF APPLICABLE) _____

SERVICE AMPS: _____ INCREASED TO: _____

LICENSE NUMBER: _____ WORK ORDER NUMBER: _____

COST: _____ Permit Cost: _____

If repairing or altering, please describe work: _____

CALL BUILDING INSPECTOR 24 HOURS IN ADVANCE FOR **ALL** INSPECTIONS

DATE OF ISSUANCE: _____ SEALS: _____
(Applicant)

(Inspector)