

ELECTRICAL PERMIT APPLICATION



Please print clearly and fill in all that apply.

City of Baxley: 912-367-8300
Fax: 912-367-8304

ISSUED DATE:	
<input type="checkbox"/> PROJECT OWNER	<input type="checkbox"/> CONTRACTOR
NAME:	BUSINESS LICENSE/STATE #:
ADDRESS:	NAME:
CITY/STATE/ZIP:	COMPANY NAME:
PHONE #: FAX #:	ADDRESS:
E-MAIL ADDRESS:	CITY/STATE/ZIP:
INSPECTOR:	PHONE #: FAX #:
E-MAIL ADDRESS:	
PROJECT CONTACT PERSON:	PHONE #: FAX #:
ADDRESS:	E-MAIL ADDRESS:
OUTLETS: <input type="checkbox"/> LIGHT FIXTURES: <input type="checkbox"/> TEMPORARY SERVICE POLE: <input type="checkbox"/> 100 AMPS OR LESS: <input type="checkbox"/> 100 - 200 AMPS: <input type="checkbox"/> 200 - 400 AMPS: <input type="checkbox"/>	
BUILDING PERMIT #:	
PERMIT COST:	
DESCRIPTION OF WORK:	
<p>I HEREBY CERTIFY THAT ALL INFORMATION ABOVE IS TRUE AND CORRECT. THAT I HEREBY MAKE APPLICATION FOR PERMIT TO COMPLY AND CONFORM TO ALL CITY ORDINANCES, STATE AND FEDERAL LAWS PERTAINING THERETO, WHETHER SPECIFIED OR NOT, AND IN ACCORDANCE WITH ANY PLANS SUBMITTED OR REQUIRED TO BE SUBMITTED REGULATING BUILDING CODES AND BUILDING CONSTRUCTION IN CITY OF ALMA GA. I FUTHER AGREE TO REMOVE ALL CONSTRUCTION DEBRIS FROM THE SITE WHEN COMPLETED. AND THAT THE OWNER OR AUTHORIZED BY THE OWNER TO DO THE WORK DESCRIBE IN THIS PERMIT REQUEST. ALL FINAL INSPECTIONS ARE MANDATORY BEFORE OCCUPANCY. ALL WORK SHALL BE PERFORMED BY A LICENSED CONTRACTOR IN THIS STATE. IT IS UNLAWFUL AND ILLEGAL TO OCCUPY ANY BUILDING BEFORE FINAL INSPECTION AND A CERTIFICATION OF OCCUPANCY HAS BEEN ISSUED. ALL FEES ARE NON-REFUNDABLE AFTER 60 DAYS.</p>	
SIGNATURE OF APPLICANT OR AGENT:	DATE:
PLEASE PRINT NAME:	
ISSUED BY:	