APPLICATION FOR ELECTRICAL PERMIT

INSPECTIONS AND CODE ENFORCEMENT DIVISION
COLUMBUS, GEORGIA

DATE _____ PERMIT NO _____

DISTRICT _____

ELECTRICAL CONTRACTOR _____

ADDRESS OF JOB _____

OWNER OR OCCUPANT _____

TYPE OF POWER

☐ TEMPORARY ☐ LIGHTS & POWER ☐ CONSTRUCTION ☐ SERVICE CHANGE

☐ ADDITIONAL WIRING ☐ LOW VOLTAGE

TYPE OF OCCUPANCY

☐ RESIDENTIAL ☐ COMMERCIAL ☐ INDUSTRIAL ☐ INSTITUTIONAL

☐ ACCESSORY STRUCTURE ☐ TRAILER ☐ SIGN

WORK TO BE DONE IN

☐ NEW BUILDING ☐ BUILDING ADDITION

☐ EXISTING BUILDING ☐ MOVED BUILDING

MAIN SERVICE SWITCH

AMPERE _____ NUMBER OF METERS _____

DESCRIPTION OF WORK TO BE PERFORMED

_____

_____

_____

☐ OCCUPIED & NO POWER

I certify that the information given in this application is true and correct to the best of my knowledge and the work authorized upon this application is to be done in accordance with the Electrical Code of Columbus, GA.

CONTRACTOR

PERMIT FEE_____ PHONE _____