

# ALEXANDER COUNTY INSPECTIONS DEPARTMENT

6125 NC Hwy 16 S Taylorsville, NC 28681 Phone: (828) 632-1000 Fax: (828) 632-1095

## SINGLE TRADE PERMIT APPLICATION - ELECTRICAL

Applicants Name \_\_\_\_\_ Phone # \_\_\_\_\_

Property Owners Name \_\_\_\_\_ Phone # \_\_\_\_\_

Project Address \_\_\_\_\_

Rental Property:  yes  no **Rental property requires licensed contractors**

Job Description: \_\_\_\_\_

\_\_\_\_\_

### Electrical Contractor

License # \_\_\_\_\_

Name (as licensed) \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Electrical (check all that applies)  Commercial  Residential **Power Company:** \_\_\_\_\_

- |                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> New Service --- Panel # 1 _____ amps. Panel # 2 _____ amps. Panel # 3 _____ amps. Panel # 4 _____ amps.       |
| <input type="checkbox"/> Temporary Power <input type="checkbox"/> Fence or Pump Service <input type="checkbox"/> Utility Service       |
| <input type="checkbox"/> Add Sub Panel <input type="checkbox"/> Saw Service <input type="checkbox"/> Wire mechanical unit only         |
| <input type="checkbox"/> Branch Circuit Work <input type="checkbox"/> Service Change _____ amps. <input type="checkbox"/> Reconnection |
| <input type="checkbox"/> Low Voltage Wiring <input type="checkbox"/> Service Repair <input type="checkbox"/> Temporary Saw Service     |
| <input type="checkbox"/> Photovoltaic System <input type="checkbox"/> Signs <input type="checkbox"/> Other: _____                      |
| <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Mobile Home _____                                                      |

Estimated Cost of Electrical Work: \_\_\_\_\_

The undersigned hereby certifies that he/she is the licensee and certifies that all information in this form is correct and that all work will comply with the state code and all other applicable state and local laws, ordinances and regulations.

\_\_\_\_\_  
Electrical Contractor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Munis App. # \_\_\_\_\_

Parcel # \_\_\_\_\_