3

# ELECTRICAL PERMIT

City of Clarkesville, Georgia

*Applicant to complete numbered spaces only.*

Permit No. E17-

OWNER | JOB ADDRESS

JOB ADDRESS

1 LEGAL DESCR. | LOT NO. | BLK | MAP & PARCEL NO.

2 OWNER | MAIL ADDRESS | ZIP | PHONE

3 CONTRACTOR | MAIL ADDRESS | REGISTRATION NO./EXP. DATE

4 PHONE NUMBERS | OFFICE | CELL

5 ARCHITECT OR DESIGNER | MAIL ADDRESS | PHONE | REGISTRATION NO.

6 ENGINEER | MAIL ADDRESS | PHONE

7 USE OF BUILDING

8 **Class of work:** ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR

9 **Describe work:**

**SPECIAL CONDITIONS:**

| APPLICATION ACCEPTED BY | PLANS CHECKED BY | APPROVED FOR ISSUANCE BY |
|---|---|---|
| | | |

## NOTICE

**THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.**

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

## PERMIT FEES

| | | No. | Each | Fee |
|---|---|---|---|---|
| RECEPTACLE / LIGHT / SWITCH | Total Outlets | | | |
| LIGHTING FIXTURES | Total Fixtures | | | |
| RANGES CLO. DRYER WTR. HTR. | | | | |
| GARBAGE DISP. STA. COOK TOP | | | | |
| DISH WASH. CLOTHES WASH. | | | | |
| SPACE HTR. STA. APPL. ½H.P. MAX. | | | | |
| | | | | |
| SIGNS | NO. TRANS. | | | |
| | NO. LAMPS | | | |
| TEMP. POWER ☐POLE ☐UNDGD. | | | | |
| SERVICE ☐NEW ☐CHANGE | 0-200A | | | |
| | 201-400A | | | |
| | 401-600A | | | |
| | OVER 600A | | | |
| PERMIT ISSUING FEE | | | $ | |
| TOTAL FEE | | | | $ |

**WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT**

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH

Office Use only: Please print 4 copies. Original (Construction Book) | 2 - City Clerk | 1 - Inspector | 1 - Applicant