

**CITY OF WOODRUFF
ELECTRICAL PERMIT APPLICATION**

DATE: _____

CONTRACTOR/APPLICANT: _____

ADDRESS: _____ CITY _____ STATE _____

CONTRACTOR LICENSE # _____

TYPE OF LICENSE: [] MASTER STATE [] MECHANICAL [] SPECIALTY

BUSINESS LICENSE # _____

TELEPHONE # _____ FAX # _____

WORK LOCATION INFORMATION :

OWNER _____

TAX MAP ID # _____

ADDRESS: _____ ZIP: _____

CONSTRUCTION INFORMATION:

TYPE: [] RESIDENTIAL [] COMMERCIAL [] _____

TEMPORARY POWER POLE YES _____ NO _____ RENTAL [] Y [] N

New Service [] Service Upgrade []

CONTRACT AMOUNT \$ _____

AMPERAGE OF MAIN SERVICE: _____

NUMBER OF POLES/CIRCUITS: _____

SERVICE CHANGES: NUMBER OF AMPS: _____

NUMBER OF POLES/CIRCUITS: _____

LOW VOLTAGE: FIRE ALARMS: _____ BURGLAR ALARMS _____

TELEPHONE/COMPUTER SYSTEMS: _____ OTHER _____

I hereby make application for the work described above. All information is true and correct.

Date: _____ Signed: _____

PROOF OF CONTRACTOR ELIGIBILITY IS REQUIRED AT TIME OF APPLICATION.

THIS IS AN APPLICATION. YOU MUST HAVE A PERMIT PRIOR TO BEGINNING CONSTRUCTION. IF CONSTRUCTION BEGINS BEFORE PERMIT IS ISSUED, YOU ARE SUBJECT TO A DOUBLE PERMIT FEE OR OTHER ACTIONS AS PRESCRIBED BY LAW.

BUILDING DEPARTMENT FAX #: 864-476-8119