



BUILDING PERMIT APPLICATION

TEMP POWER

DATE APPLIED: _____

PERMIT FEE: NO FEE

Job Address: _____

Tenant Name: _____

Phone: _____

Property Owner: _____

Phone: _____

REQUESTED INSPECTION DATE: _____

ELECTRICAL [] and/or GAS [] Power approval for my building

I understand that the electrical and/or gas installation must be inspected and certified to be in a safe condition and I agree that there will be no occupancy of this structure until final inspections have been made and passed. I intend to have the remaining work completed within the next _____ days.

Contractor Business Name: _____ Phone: _____

Contractor Email Address: _____

Mailing Address

State

Zip

I do understand that if violations of any portion of this agreement occur, power may be removed without notice and citations may be issued:

Applicant Name: _____ Phone: _____

Driver's License #: _____ Expiration Date: _____ Date Of Birth: _____

Applicant Email: _____

Signature: _____ Date: _____

(MUST BE LISTED ON CONTRACTOR REGISTRATION)

FOR OFFICE USE ONLY

APPROVAL BY: _____

DATE: _____