**** **PERMIT#:\_\_\_\_\_\_\_\_\_\_\_**

**CITY OF GREENSBURG**

***ELECTRICAL PERMIT APPLICATION***

Building, Planning, & Zoning Office

314 West Washington St

Greensburg, IN 47240

Office: 812-662-8495

**INSTRUCTIONS: Print all information in ink.** Applicants must complete EVERY part of this form unless special instruction is indicated otherwise. Blanks will delay the processing of your application and the issuance of a permit.

If you have any questions, please call the Building, Planning, and Zoning office at 812-662-8495.

**LOCATION OF CONSTRUCTION: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OWNER OF PROPERTY:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INDICATE USE OF STRUCTURE:**

\_\_\_\_\_\_\_Residential \_\_\_\_\_\_\_Commercial \_\_\_\_\_\_\_\_Multi-Family Other: Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ESTIMATED COST OF WORK:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTRACTOR RESPONSIBLE FOR THE PERMIT:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NATURE OF ELECTRICAL WORK TO BE DONE:**

Electric Company: \_\_\_\_\_\_\_\_DUKE ENERGY \_\_\_\_\_\_\_\_REMC

Type of electrical work: \_\_\_\_\_\_\_Upgrade of Service \_\_\_\_\_\_\_Alteration/Remodeling \_\_\_\_\_\_\_\_Meter Upgrade

Other: Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF SYSTEM:**

\_\_\_\_\_\_\_\_Electrical power distribution system: \_\_\_\_\_\_\_\_ How many services? \_\_\_\_\_\_\_\_ Size in amps? \_\_\_\_\_\_\_\_ # of Circuits

\_\_\_\_\_\_\_\_Change of Electrical Service: \_\_\_\_\_\_\_\_Amp to Amps \_\_\_\_\_\_\_\_# of Circuits

\_\_\_\_\_\_\_\_Mobile Home Service Other: Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the information provided on this form is complete and accurate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Signature of Applicant

**FOR OFFICE USE ONLY:**

Fee: \_\_ **$65.00\_\_\_** Flood Hazard: \_\_\_\_\_\_\_\_ Zoning: \_\_\_\_\_\_\_\_\_\_ Subdivision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Method: \_\_\_\_\_\_\_\_\_\_\_\_\_ Application Approved / Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_