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

 **ELECTRICAL PERMIT APPLICATION**
 **INSTRUCTIONS: Print all information in ink.** Applicants must complete EVERY part of this form unless special instruction indicated otherwise. Blanks will delay processing of your application and issuance of a permit. Place an X or ✓ on the line corresponding to your response. Open lines should be filled in with the requested words or numbers. If you have problems with a particular question, call the Building, Planning and Zoning office at 812-662-8495.

**LOCATION OF CONSTRUCTION:**

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

**OWNER OF PROPERTY:**

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

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

**INDICATE USE OF STRUCTURE:**

\_\_\_\_Residential \_\_\_\_Commercial \_\_\_\_Multi-Family

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

**ESTIMATE 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:**$50.00** Flood Hazard:\_\_\_\_ Zoning:\_\_\_\_\_\_\_ Subdivision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application approved:\_\_\_\_\_\_\_ Application Denied:\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_