

City of Oakwood 4035 Walnut Circle, P.O. Box 99 Oakwood, GA 30566	<h2 style="margin: 0;">Electrical Permit Application</h2>
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<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Alteration/Repair	Date: ____ / ____ / ____ Permit No. _____ ESTIMATED VALUE (Labor and Materials): \$ _____
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JOB SITE ADDRESS:	PROJECT NAME:	LOT/ SUITE #:
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Property Use:	Zoning Class.:
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Job Description: _____

Property Owner	Name:		
	Address:	State: Zip:	Phone: Email:

Trade Contractor	Name:	State License No.:
	Address:	State: Zip:

<p style="text-align: center;">SERVICE INFORMATION</p> VOLTAGE: _____ PHASE: _____ AMPS: _____ CONDUCTOR TYPE: _____ CONDUCTOR SIZE: _____ <p style="text-align: center;">METHOD OF ENTERING BUILDING</p> <input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> UNDERGROUND	<p style="text-align: center;">CHECK IF APPLICABLE</p> <input type="checkbox"/> TEMPORARY POWER POLE <input type="checkbox"/> POWER POLE <input type="checkbox"/> CHANGE OF SERVICE <input type="checkbox"/> CHANGE PANEL BOX <input type="checkbox"/> OTHER (EXPLAIN) _____
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SERVICE PROVIDER: _____ **NUMBER OF CIRCUITS:** _____

Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Inspector for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the Minimum Building Codes.

Signature of Licensed Cardholder:	Date:
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FOR OFFICE USE ONLY	Accepted by:
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Construction Type:	Occupancy:
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Administrative Fee:	Plan Review Fee:	Permit Fee:	CC Fee:	Total Fee:
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____