

ELECTRICAL PERMIT

TOWN OF LOXLEY BUILDING DEPARTMENT

JOB ADDRESS
OWNER

JOB LOCATION		
UTILITY COMPANY		
OWNER	ADDRESS	PHONE
ELECTRICAL CONTRACTOR	DBA	
ADDRESS	CITY/STATE	PHONE
STATE ELECTRICAL CERTIFICATION NO.		DATED
TYPE INSTALLATION	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
TYPE STRUCTURE	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL
	<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> SWIMMING POOL
	<input type="checkbox"/> OTHER	

ELECTRICAL CONTRACTOR, OWNER, AGENT, LESSEE

I hereby certify that I have read and examined this application and know that the information setforth above is true and correct. I agree that all work done pursuant to this permit will be accomplished in a good and workmanlike manner in accordance with the national Electric Code and any and all other applicable rules, regulations and requirements of the Town of Loxley Building Official.

I FURTHER SPECIFICALLY AGREE THAT IF ANY INSPECTION OF THE PREMISES COVERED BY THIS PERMIT, BY THE TOWN OF LOXLEY BUILDING OFFICIAL OR HIS AGENTS, REVEALS ANY UNSAFE, DANGEROUS OR DEADLY CONDITION OF THE ELECTRICAL INSTALLATION ON THE PREMISES, THAT SAID OFFICIAL MAY CAUSE THE IMMEDIATE DISCONNECTION OF ELECTRIC POWER TO THE PREMISES BY THE ELECTRIC POWER SUPPLIER INVOLVED AND THAT SAID POWER NOT BE RESTORED UNTIL SAID OFFICIAL ADVISES THE INVOLVED POWER SUPPLIER THAT THE PREMISES ARE AGAIN SAFE AND APPROVED FOR SERVICE.

THIS PERMIT IS VALID FOR SIX MONTHS FROM THE DATE OF ISSUANCE UNLESS SOONER PREVOKED IN WRITING.

IT IS UNDERSTOOD THAT THIS PERMIT IS NOT VALID FOR ANY PURPOSE UNTIL IT HAS BEEN SIGNED BY THE OWNER OF THE PREMISES COVERED BY THE PERMIT.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE

SIGNATURE OF OWNER OR LESSEE DATE

PERMIT FEE: _____ CASH CHECK CHECK NO. _____