

ELECTRICAL PERMIT

TOWN OF LOXLEY BUILDING DEPARTMENT

Nº _____

OWNER

JOB ADDRESS

JOB LOCATION _____

UTILITY COMPANY _____

OWNER _____ ADDRESS _____ PHONE _____

ELECTRICAL CONTRACTOR _____ DBA _____

ADDRESS _____ CITY/STATE _____ PHONE _____

STATE ELECTRICAL CERTIFICATION NO. _____ DATED _____

TYPE INSTALLATION PERMANENT TEMPORARY

TYPE STRUCTURE RESIDENTIAL COMMERCIAL OTHER
 MOBILE HOME SWIMMING POOL

DESCRIBE WORK: _____

ELECTRICAL CONTRACTOR, OWNER, AGENT, LESSEE

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

I FURTHER SPECIFICALLY AGREE THAT IF ANY INSPECTION OF THIS 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 ELETRIC 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 REVOKED IN WRTING.

IT IS UNERSTOOD THAT THIS PERMIT IS NOT VALID FOR NAY 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 _____

APPROVED FOR ISSUANCE BY: _____

PERMIT FEE _____ CASH _____ CHECK _____ CHECK NO. _____