Electrical Permit Application

* Indicates Required Fields
Application must be completed prior to requesting a permit

* Date: _____

* Job Site Address: _____ Tax Map #: _____

* Owner of Building: _____ Tenant/Business Name: _____

* Master Building Permit #: _____ Cost of Job (Contract Amount): _____

* Use ☐ Single Family ☐ Duplex/TH ☐ Multi Family ☐ Office
☐ Hotel ☐ Retail/Restaurant ☐ Medical ☐ Garage
☐ Other _____

* Brief Description: _____

Equipment	**Quantity**
Commercial – based on amp of service	_____
Residential – based on amp of service	_____
Branch Circuit Breakers/numbers of Poles – Commercial	_____ Residential _____
Electrical Hook up for signs	_____

* **Contractor/Business Name** (as it appears on the City of Pickens Business License) _____

* **Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

Phono : _____ **Email:** _____

* **State License Agency (Choose One):** ☐ **South Carolina Contractor's Licensing Board** ☐ **South Carolina Residential Builders Commission**

* State License Classification: _____ * State License **#:** _____ _____ * City of Pickens Business License **#:** _____

By Signing this application, I certify that I am authorized agent for the company performing the work stated above and that all information provided is true. I further understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related state laws and local ordinances.

* **Please Print Name** _____ **Date:** _____

* **Signed:** _____

SUBMIT