

PERMIT #: _____

FEE: \$ _____

72 Hours Before You Dig
Call 1-800-282-7411
It's The Law

City of Donalsonville
BUILDING DEPARTMENT
Phone (229) 524-2118 Fax (229) 524-8360

ELECTRICAL PERMIT

OWNER
JOB ADDRESS

Applicant to complete numbered spaces only.

JOB ADDRESS _____

1	ZIP	PROPERTY TAX ID#
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OWNER	PHONE
2	

CONTRACTOR	PHONE	LICENSE NO.
3		

MAIL ADDRESS	BRANCH
4	

PROFESSIONAL DESIGNER	PHONE	REGISTRATION NO.
5		

MAIL ADDRESS	BRANCH
6	

USE OF BUILDING	BRANCH
7	

8 Class of work: NEW ADDITION ALTERATION REPAIR

9 Describe work: _____

10 VALUATION OF WORK: \$ _____

SPECIAL CONDITIONS: All work performed in accordance with NEC requirements.

INDEMNIFY AGREEMENT

Upon meeting all requirements of the City of Donalsonville for the Issuance of this Permit and in consideration for the Issuance by the County/City of such permit, the applicant/owner hereby agrees to hold harmless and indemnify the County/City of and from any and all claims, demands, cost, suits, actions and causes of actions of every kind description made against the County/City.

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Applicant or Contractor Signature _____ Date _____

Building Department Representative _____ Date _____

		PERMIT FEES		
		No.	Each	Fee
RECEPTACLE LIGHT SWITCH	Total Outlets			
LIGHTING FIXTURES	Total Fixtures			
RANGES	CLO. DRYER	WTR. HTR.		
GARBAGE DISP.	STA. COOK TOP			
DIS WASH.	CLOTHES WASH.			
SPACE HTR.	STA. APPL. ½ H.P. MAX.			
MOTORS:		H.P.		
SIGNS	NO. TRANS.			
	NO. LAMPS			
TEMP. POWER	<input type="checkbox"/> POLE <input type="checkbox"/> UNDGD.			
SERVICE	0-200A			
	201-400A			
	401-600A			
	OVER 600A			
<input type="checkbox"/> NEW				
<input type="checkbox"/> CHANGE				
PERMIT FEE				\$
INSPECTION FEE				\$
APPLICATION FEE				\$
TOTAL FEE				\$

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION	CK.	M.O.	CASH	PERMIT VALIDATION	CK.	M.O.	CASH
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