



# BARTOW COUNTY

Steve Taylor, Sole Commissioner

Building Inspections

Brandon Johnson, Director

## ELECTRICAL PERMIT APPLICATION

Property Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_ Owners' Phone #: \_\_\_\_\_

If the power is in someone's name other than the Property Owner, please list the customer's name and phone #: \_\_\_\_\_

If Commercial, list name of Business: \_\_\_\_\_

Contact Person & Phone #: \_\_\_\_\_

Scope of work being performed: \_\_\_\_\_  
\_\_\_\_\_

Type of work:  New  Addition  Alteration  Repair  Temp. Service

Service Size: \_\_\_\_\_ amps  Single Phase  3 Phase  Perm. Service

Are you installing any sub panels or panels?  Yes  No, If yes - #? \_\_\_\_\_

Power Company?  GA Power  Cobb EMC  Amicalola

Greystone  City of Cartersville  Valuation of Job: \_\_\_\_\_

### Electrical Contractor Information

Company Name: \_\_\_\_\_

Master License Holder: \_\_\_\_\_ License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Best Contact #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

*I hereby certify that I have read and examined this application and the information contained herein to the best my knowledge is true and correct.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date