



SPARTANBURG COUNTY  
**ELECTRICAL PERMIT APPLICATION**  
PHONE: (864) 596-2727 FAX: (864) 596-2194

DATE: \_\_\_\_\_ **NAME OF POWER COMPANY :( REQUIRED)**

**LOCATION INFORMATION:**

INSTALLATION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**OWNER'S INFORMATION:**

OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**WORK DESCRIPTION:** \_\_\_\_\_

TOTAL JOB COST: \$ \_\_\_\_\_

**CONTRACTORS INFORMATION:**

CONTRACTORS NAME: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**DIRECTIONS LEAVING OUR OFFICE:** \_\_\_\_\_

**ALL WORK TO COMPLY WITH PROVISIONS OF COUNTY ORDINANCE AND CODES**

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT: \_\_\_\_\_

SIGNATURE OF APPLICANT