

Residential

Mobile Home

Commercial

SPARTANBURG COUNTY
**POWER OFF MORE THAN 180 DAYS
ELECTRICAL PERMIT APPLICATION**
PHONE: (864) 596-2727 FAX: (864) 596-2194



DATE: _____ **NAME OF POWER COMPANY :(REQUIRED)**

LOCATION INFORMATION: * STREET ADDRESS MUST BE POSTED*****

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER'S INFORMATION:

OWNER'S NAME: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK DESCRIPTION: _____

TOTAL JOB COST: \$ _____

NAME OF POWER COMPANY :(REQUIRED)

****In the event of a refund or cancellation of a permit request, a \$32.00 administrative fee will be charged****

CONTRACTORS INFORMATION:

CONTRACTORS NAME: _____

LICENSE NUMBER: _____ PHONE: _____

E-MAIL: _____

DIRECTIONS LEAVING OUR OFFICE: _____

*****Prior to permitting to restore power, the property must be checked by the owner or contractor for any obvious building, mechanical, plumbing, or electrical violations. Additional permits may be required depending on the condition of the structure.*****

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