

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