

**CITY OF MONROE**  
**Electrical Permit Application**

**DATE:** \_\_\_\_\_

**SITE INFORMATION:**

Address: \_\_\_\_\_ Lot#: \_\_\_\_\_  
Subdivision Name: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

Contractor Name (as licensed): \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ License # \_\_\_\_\_

**OWNER'S INFORMATION:**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Any Building permit # associated with this permit: \_\_\_\_\_  
Intended Use for Wiring: \_\_\_\_\_

**UTILITIES:**

New  Existing Power Company: \_\_\_\_\_

**EQUIPMENT INFORMATION:**

<u>Number</u>	<u>Decription</u>
_____	0 – 100 Amps
_____	101 – 200 Amps
_____	201 – 400 Amps
_____	401 – 600 Amps
_____	601 – 1000 Amps
_____	1001 – 2000 Amps
_____	2001 – Above Amps
_____	Power Service/Sub Panel
_____	Electrical for Mechanical Change Out per Unit – Wiring Heat or A/C
_____	Temporary Saw Pole
_____	Electrical Service for Mobile Home
_____	Load Control Devices
_____	Sign Service – Size of Amps _____
_____	Pole Service – Size of Amps _____
_____	Pool <input type="checkbox"/> Commercial <input type="checkbox"/> Residential
_____	6 month Re-connection safety inspection
_____	Other _____

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT APPLICANT'S NAME:** \_\_\_\_\_

Method of Payment:  Cash  Check

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**Building Standards Department**  
**300 W. Crowell Street**  
**Monroe NC 28111**  
**Tel. 704.282.4524 FAX: 704.282.4735**

February 12,2003