



CITY OF MONROE

Electrical Permit Application

ADDRESS: _____ **Lot#:** _____

***REQUIRED INFORMATION - Duplex: Yes No Historic District: Yes No**
Residential- Yes No Commercial- Yes No

CONTRACTOR INFORMATION:

Contractor Name (as licensed): _____ Phone#: _____

Address: _____ City: _____ State: _____

Zip: _____ License # _____ Fax#: _____

E-mail address: _____

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: _____

SCOPE OF WORK: () New () Upgrade () Replacement

Number	Description	Total Project Cost. \$ _____
0 – 200 Amps		Electrical Service for Mobile Home
201 – 400 Amps		Load Control Devices
401 – 600 Amps		Sign Service – Size of Amps _____
601 – 1000 Amps		Pole Service – Size of Amps _____
1001 – 2000 Amps		Pool () Commercial () Residential
2001 – Above Amps		6 month Reconnection safety inspection
Power Service/Sub Panel		Fire Alarm
Electrical for Mech. Change Out per Unit		Other _____
Temporary Saw Pole		

Total Project Cost: \$_____

All residential inspections for dwellings covered by the NC Building and Residential Code will include verification of the presence of carbon monoxide alarms as required by City of Monroe Ordinance 150.10 (C)(1).

The customer shall not interfere with, or alter, the City's meters, seals, or other property, or permit the same to be done by others than the City's authorized agent or employee. Damage caused or permitted by the customer to said property shall be paid for by the customer. Per the City of Monroe Electric Service Policy. I certify that I am the property owner, am authorized to sign on behalf of the property owner, or am otherwise legally authorized to sign this application. I hereby certify that all information in this application is correct and that all work will comply with the North Carolina State Electrical Code and all other applicable city ordinances, local laws and regulations of the State of North Carolina regulating such work and the specifications or plans submitted. By signing this application, I am certifying that I, the applicant, have full authority and license from the holder of the copyright to use the sealed plans, drawings, or diagrams submitted with this application, and I agree to indemnify and hold harmless the City of Monroe for any losses or claims incurred by the City arising from review and approval of such plans by the City of Monroe. I hereby affirm that the foregoing statements are accurate and correct to the best of my knowledge. By signing and submitting this document, I agree that all signatures where required may be Electronically Signed by either party pursuant to NCGS 66-315(b).

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRINT APPLICANT'S NAME: _____

Permit Center
P.O. Box 69, Monroe NC 28111
300 W. Crowell Street Monroe NC 28112
Telephone: (704)282-4524 FAX: (704)282-4735