

CITY OF MONROE
Electrical Permit Application

DATE: _____

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: _____

EQUIPMENT INFORMATION:

<u>Number</u>	<u>Description</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 () Commercial () Residential
_____	6 month Re-connection safety inspection
_____	Fire Alarm
_____	Other _____

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).

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINT APPLICANT'S NAME: _____

Method of Payment: () Cash () Check () Account

Permit Center
300 W. Crowell Street
Monroe NC 28111
Tel. 704.282.4524 FAX: 704.282.4735