



115 EAST M. L. KING, JR. DRIVE
 HINESVILLE, GA. 31313
 (912) 876-4147
 FAX (912) 876-4770

ELECTRICAL

PERMIT APPLICATION

PROJECT LOCATION:		SUBDIVISION:		LOT / UNIT NUMBER:	
PROPERTY OWNER:		PHONE:		EMAIL:	
MAIL ADDRESS:			CITY:		STATE:
					ZIP:
CONTRACTOR:		OFFICE PHONE:		MOBILE/LINK#:	
MAIL ADDRESS:			CITY:		STATE:
					ZIP:
LICENSE TYPE:		STATE LICENSE NUMBER:		EXPIRATION DATE:	
BUILDING OCCUPANCY TYPE:		CLASS OF WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR			
BRIEF WORK DESCRIPTION:				TOTAL ESTIMATED COST: \$	

I hereby make application for permission to install, alter or repair an electrical system at the address indicated above and I agree to comply with all rules, regulations and codes governing electrical system installations within the city limits of Hinesville, GA

ITEM #	PANEL, DEVICE, FIXTURE, SYSTEM, APPLIANCE OR EQUIPMENT DESCRIPTION	NUMBER OF UNITS	VOLTAGE/ PHASE	WATTS AMPS KVA	BRANCH OR FEEDER WIRE SIZE & INSULATION TYPE	MAXIMUM OCPD RATING	AIC RATING	SPECIFIC LOCATION OF ITEM(S)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

ARE THERE SEPARATE SHEET(S) FOR ADDITIONAL ITEMS ATTACHED TO THIS APPLICATION? YES NO

I, the STATE LICENSED ELECTRICAL CONTRACTOR or AUTHORIZED PROPERTY OWNER of the electrical system, certify that I will personally install or supervise the electrical work authorized by this permit including the installation of all conductors, conduits, boxes, devices, fixtures, motors and equipment.

SIGNATURE: _____ DATE: _____

DEPARTMENTAL PERSONNEL USE ONLY BELOW THIS LINE
WHEN PROPERLY VALIDATED, THIS IS YOUR PERMIT-DO NOT BEGIN WORK UNTIL THE PERMIT NUMBER IS ASSIGNED BELOW.

APPROVED BY:	DATE:	PERMIT FEE: \$	PERMIT NUMBER:
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COMMENTS

