

ELECTRICAL PERMIT APPLICATION

City of St. Marys, Georgia

Permit #: _____ Application Date: _____

Project Address: _____

Contractor's Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Electrical License #: _____

Expiration Date on Electrical License: _____

Write a Description of the Work You Are Doing: _____

Low Voltage Wiring on the Project: ___ No ___ Yes Note: If yes, you MUST provide us a copy of your Georgia Low Voltage License.

Electrical Service Single Phase – Size: _____ Amps

Electrical Service Three Phase – Size: _____ Amps

Interior Wiring Contract Amount: _____

Service Change-Out Size: _____

Swimming Pool: _____

Reconnect of Discontinued Service: _____

Signature: _____ Date: _____