

**RESIDENTIAL ELECTRICAL PERMIT
PERMIT APPLICATION**

City of Temple

P.O. Box 160 Temple, GA 30179
(770) 562-3369 FAX (770) 562-9440

Inspection Request Line: (770) 830-5861 (Requires 24 Hour Notice)

Land Map Number _____

BUILDING PERMIT # _____

Parcel Number _____

DATE _____

Street Address _____

Electrical Contractor _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

State License Holders Name _____

State Lic.# _____

Please Check One: Low Voltage _____, Class I Restricted _____, Class II Unrestricted _____

Job Type: () New () Addition () Remodel () Repair () Move () Demolition

Location Type: () Residential () Apartments () Industrial () Commercial

POWER COMPANY: () EMC () GA POWER

LOAD: KW _____ **AMP** _____ **VOLTS** _____ **PHASE** _____

Total AMPS to be entered in
Permit Calculator

ITEM	QTY	TOTAL	ITEM	QTY	TOTAL
Furnace/Heater	_____	_____	Fixed Heater	_____	_____
Jacuzzi/Hot Tub/Sauna	_____	_____	Vent Hood	_____	_____
Water Heater	_____	_____	Vacuum Circuit (central)	_____	_____
401 & Larger (Per Amp)	_____	_____	Well Pump	_____	_____
AC 5 Tons/less (per ton)	_____	_____	FLOODLIGHTING		
AC over 5 Tons (per ton)	_____	_____	100-300 watts	_____	_____
Window Unit (each)	_____	_____	400-1000 watts	_____	_____
Outlets & Switches	_____	_____	1000 + watts	_____	_____
Fixtures	_____	_____	Residential Security	_____	_____
Attic Fan	_____	_____	CABLE/TELEPHONE SYSTEMS		
Clothes Dryer	_____	_____	Residential	_____	_____
Dishwasher	_____	_____	TEMPORARY CONSTRUCTION		
Disposal Unit	_____	_____	On-Site	_____	_____
Exhaust Fan	_____	_____	Temporary 60 Day	_____	_____
Range (Combined)	_____	_____	Service Equip. Check	_____	_____
Range (Oven Unit)	_____	_____	Swimming Pool	_____	_____
Range (Surface Unit)	_____	_____			

TOTAL PERMIT COST: _____
(From Permit Calculator)

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All work shall conform to the latest edition of the National Electrical Code and to applicable City Ordinances. The undersigned states that the facts set forth in this application are true and correct.

Date: _____ Signed: _____

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Office Use Only

Electrical Permit: () Paid Date: _____ Clerks Initials: _____
() Approved

() Denied Reason: _____

—————▶ **This permit only valid with accompanying BUILDING PERMIT** ◀ —————