



## CAPE CARTERET DEPARTMENT OF INSPECTIONS ELECTRICAL PERMIT APPLICATION

Date: \_\_\_\_\_ Applicant:  Home Owner  Contractor

Project Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Owner : \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Current City Privilege License:  Yes  No  N/A \_\_\_\_\_  
Electrical License Number and Classification: \_\_\_\_\_

Description of Proposed Work: \_\_\_\_\_  
\_\_\_\_\_

Cost of Proposed Work: \_\_\_\_\_ Project Area: \_\_\_\_\_ SQFT

Type of Work To Be Performed:  
 New Service Amps: \_\_\_\_\_ Phase: \_\_\_\_\_  
 Service Change Upgrade to: \_\_\_\_\_  
 Temporary Service for Construction  
 Mobile Home Service  
 Other:

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all other applicable State and local laws and Ordinances and regulations. The Inspection Department will be notified of any changes in the approved plans and specification for the project permitted herein.

Owner/Agent Signature: \_\_\_\_\_

\*\*NOTE: Only ORIGINAL signatures will be accepted. NO photocopies or facsimiles.

