



Electrical Permit Application

* Indicates RequiredField

Application must be completed prior to requesting a permit.

- * Date: _____
- * Job Site Street Address : _____ Tax Map # : _____
- * Owner of Building : _____ Tenant/Business Name: _____
- * Master Building Permit # _____ Cost of Job (ContractAmount) : _____
- * Use : Single Family Duplex/TH Multi Family Office Hotel Retail/Restaurant Medical Garage Other _____
- * Brief Description: _____

<u>Equipment</u>	<u>Quantity</u>
Commercial - based on amp of service	_____
Residential - based on amp of service	_____
Branch Circuit Breakers/numbers of poles - Commercial	_____ Residential _____
Electrical Hook up for signs	_____

- * Contractor/Business Name (as it appears on the TR City Business License) _____
- * Address _____ Phone: _____ Email: _____
- *State License Agency (Choose One): _____ South Carolina Contractor's Licensing Board
_____ South Carolina Residential Builders Commission
- *State License Classification: _____ *State License # : _____ *TR City Business License # : _____

By Signing this application, I certify that I am an authorized agent for the company performing the work stated above and that all information provided is true. I further understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related state laws and local ordinances.

- * Please Print Name _____ Date: _____
- * Signed _____