

City of Lexington P.O. Box 35 Lexington, GA 30648			Electrical Permit Application	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Alteration/Repair	Date: ____ / ____ / ____ Permit No. _____ Estimated Cost of Construction (Labor and Materials): \$ _____			
JOB SITE ADDRESS:		LOT/ SUITE #:		PROJECT NAME:
Property Use:			Zoning District: Map and Parcel:	
Job Description: _____ _____				
Property Owner	Name: _____			
	Address: _____		State: Zip: _____	Phone: Email: _____
Trade Contractor	Name: _____		State License No.: _____	
	Address: _____		State: Zip: _____	Phone: Email: _____
SERVICE INFORMATION VOLTAGE: _____ PHASE: _____ AMPS: _____ CONDUCTOR TYPE: _____ CONDUCTOR SIZE: _____ METHOD OF ENTERING BUILDING <div style="display: flex; justify-content: space-around;"> [] ABOVE GROUND [] UNDERGROUND </div>			CHECK IF APPLICABLE <div style="margin-bottom: 10px;">[] TEMPORARY POWER POLE</div> <div style="margin-bottom: 10px;">[] POWER POLE</div> <div style="margin-bottom: 10px;">[] CHANGE OF SERVICE</div> <div style="margin-bottom: 10px;">[] CHANGE PANEL BOX</div> <div>[] OTHER (EXPLAIN) _____</div>	
SERVICE PROVIDER: _____			NUMBER OF CIRCUITS: _____	
<small>Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Inspector for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the Minimum Building Codes.</small>				
Signature of Licensed Cardholder or Applicant			Date:	
FOR OFFICE USE ONLY			Accepted by:	
Construction Type:			Occupancy:	
Administrative Fee: \$ _____	Plan Review Fee: \$ _____	Permit Fee: \$ _____	CC Fee: \$ _____	Total Fee: \$ _____