



TOWN OF ATLANTIC BEACH

Inspection Department
PO Box 10, Atlantic Beach, NC 28512

FORM E - 1

OFFICE (252) 726-4456

ELECTRICAL PERMIT APPLICATION

FAX (252) 727-7043

PROJECT ADDRESS:

Owners Name: Phone:
Address: Mobile:
City/State/Zip: Email:

Structure Classification:
Single Family, Duplex, Triplex, Quadraplex, Manufactured / Mobile, Modular Home, Condominiums, Commercial, All Other =

Is project replacement or repair of electrical service equipment?
Yes No If yes, please mark: Meter Base Only, Disconnect Only, Both, Other

If no, provide description of work:

Total (Including Material) Estimated Project Cost: \$

Contractor Information (Exactly as listed on North Carolina Board of Examiners of Electrical Contractors)

Name of Business: Phone:
Address: Mobile:
City/State/Zip: Email:
North Carolina Electrical Contractors License # Class:

NOTICE

This permit becomes null and void if work or construction authorized under this permit is not commenced within 6 months or if after commencement of work no required inspection is requested and approved within any 12-month period thereafter or for substantial deviations from plans. Permit may be withdrawn if occupancy occurs before a Certificate of Compliance is issued. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulation construction or the performance of construction. When properly validated this is your permit.

Printed Full Name of Applicant Signature of Applicant Date

PERMIT INFORMATION

Permit No. [] Issue Date: []
Permit Fee [] Approved For Issuance - Electrical Inspector Date