



The City of Snellville
 Department of Planning & Development
 2342 Oak Road, 2nd Floor
 Snellville, GA 30078
 www.snellville.org

(770) 985-3513
 (770) 985-3514

APPLICATION FOR ELECTRIC PERMIT

Permit No. **E**

DATE _____

Permit for: NEW INSTALLATION REPLACEMENT REPAIR

Property: RESIDENTIAL COMMERCIAL

(please print or type)

ADDRESS OF JOB _____

For City of Snellville Use: ADDRESS VERIFIED TO BE IN CITY LIMITS: _____

PROPERTY OWNER _____ PHONE _____

ELECTRICAL CONTRACTOR _____

Address _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ E-Mail _____

Contact Person _____ Cell Phone (____) _____

WORK TO BE PERFORMED

AIR COND	___	EXHAUST FAN	___	MTER LOOP	___	T-POLE	___
ALARM SYS	___	FLOOD LIGHTS	___	MOTOR(S)	___	WASHER	___
ATTIC FAN	___	IRRG SYSTEM	___	SHOWCASE	___	WTR HEATER	___
DISHWASHER	___	LIGHT FIXTURE	___	SIGN(S)	___		
DISPOSAL	___	LOW VOLTAGE	___	SUB-FEED	___		
ELEVATOR	___	REFRIGERATION	___	SWIM POOL (Repair/Replace Only)	___		

OTHER (DESCRIBE): _____

TOTAL PERMIT FEE \$ _____
 (Make check payable to City of Snellville)

MINIMUM PERMIT FEE IS \$30.00 PER INSPECTION

I understand that the City of Snellville requires plans on commercial buildings using other than residential electrical fixtures only. A permit shall be secured from the Department of Planning and Development prior to the commencement of any tear-out or electrical work. Upon job completion, please call the Department of Planning and Development (770-985-3513) to arrange for a **next-day** inspection by the City Building Inspector. I certify that all the above statements are true and that all work performed shall meet National, State, and Local code requirements. Paid permit application shall serve as City of Snellville Electric Permit.

PLEASE ATTACH A CURRENT COPY OF YOUR OCCUPATION TAX/BUSINESS LICENSE, PROFESSIONAL AND DRIVER'S LICENSES. PLEASE MAIL OR HAND DELIVER FORMS.

CONTRACTOR (PRINT NAME) _____

CONTRACTOR SIGNATURE _____

STATE LICENSE CARD # _____ EXPIRATION DATE _____

BUSINESS LICENSE # _____ CITY/COUNTY _____ EXP. DATE _____