



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

MUST SUBMIT BY MAIL OR IN PERSON

DATE: _____ PERMIT # _____

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 \$50.00 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