

**CALHOUN COUNTY  
ELECTRICAL SERVICE PERMIT**

Temporary \_\_\_\_\_

Permanent \_\_\_\_\_

Builder/Owner \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Site Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Size in AMPS \_\_\_\_\_ Name of Power Supplier \_\_\_\_\_

Type of Service: House \_\_\_\_\_ Manufactured Home \_\_\_\_\_ Commercial \_\_\_\_\_  
Agricultural \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Authorized By

\_\_\_\_\_  
Date

Permit #E- \_\_\_\_\_

Tax Map # \_\_\_\_\_

All work shall be in accordance with the 2014 National Electrical Code.

This is NOT authorization to connect power

**THIS PERMIT EXPIRES SIX (6) MONTHS AFTER DATE OF ISSUE**