

**CALHOUN COUNTY
MECHANICAL PERMIT**

Permit Number: _____ **Date Received:** _____

Temporary _____ **Permanent** _____ **Job Cost:** _____

Owner: _____

Site Address: _____ **City** _____

State: _____ **Zip:** _____

Tax Map Number: _____

Contractor: _____ **License Number:** _____

Email Address: _____ **Phone #:** _____

Name of Power/Gas Supplier: _____

New Service **Disconnect & Reconnect**

Type of Service for: **House** **Manufactured Home**

Commercial **Agricultural**

Other: _____

Applicant Signature

Date

Building & Planning Signature

All work shall be in accordance with the 2018 National Electrical Code.

This is NOT authorization to connect power.

THIS PERMIT EXPIRES SIX (6) MONTHS AFTER THE DATE OF ISSUANCE

OR 6 MONTHS FROM THE LAST INSPECTION DATE.