CQPS/BI 51 (6/00)

THE CITY OF FRANKLIN

ELECTRICAL PERMIT APPLICATION

DEPARTMENT OF COMMUNITY DEVELOPMENT
207 WEST SECOND AVENUE
FRANKLIN, VA 23851
Tel. (757) 562-8580 FAX (757) 562-8682

A PERMIT IS HEREBY REQUESTED TO INSTALL
ELECTRICAL ITEMS AT THE FOLLOWING PREMISES:

1. Address of Job: _____

2. Owner: _____ 3. Phone _____ Email _____

4. Electrical Contractor Trade Name: _____

5. Electrical Contractor's Address: _____

6. Electrical Contractor's Email: _____

7. City: _____ ZIP: _____ 8. State License _____
   Class A No. _____
9. Electrical Contractor's Phone Number: _____ Class B No. _____
   Class C No. _____

10. USE:

Residential
- ☐ One Family
- ☐ Two Family
- ☐ Multi-Family
- ☐ _____ no. of units
- ☐ Hotel, Motel
- ☐ Other

***Commercial**
- ☐ Assembly
- ☐ Office, Bank, _____ no. of units
- ☐ Elevators
- ☐ Educational
- ☐ Factory/Industrial
- ☐ High Hazard
- ☐ Mercantile, Stores _____ no. of units
- Institutional:
  - ☐ Hospital
  - ☐ Convalescent
  - ☐ Day Nurseries
- ☐ Temporary _____
- ☐ OTHER _____

*(Site & Electrical Plans to accompany application)

11. Indicate number of circuits plus feeders worked on.

No.	Total
_____	0-30 AMPS @ _____ = _____
_____	31-60 AMPS _____ = _____
_____	61-100 AMPS _____ = _____
_____	101-200 AMPS _____ = _____
_____	Over 200 AMPS _____ = _____
_____	Size _____ = _____
_____	Pool Bonding _____ = _____
_____	Pool Equip. Wir _____ = _____
_____	Temp. Rels. Fee _____ = _____
_____	Service Upgrade Fee _____ = _____
_____	OTHER _____ = _____
_____	TOTAL FEE: $ _____

12. Indicate the number of electrical items to be installed:

☐	A/C BTU	A	☐	Disposal KW	E	☐	Prewired Building	I	☐	SWIM POOL Bonding (Layout Required)	O
☐	Heat Pump BTU		☐	Dryer KW	F	☐	Range KW	J			
☐	Air Handler Unit HP	B	☐	Motors HP	G	☐	Elec. Repairs	K	☐	Water Heater KW	P
☐	Electric KW	C	☐	Motors HP		☐	Reinspection	L	☐	Annual Pool Inspection	Q
☐	Gas, Oil KW		☐	Motors HP		☐	SIGNS AMP	M	☐	OTHER	R
☐	Dishwasher KW	D	☐	Outlets (Sw, Ltg, Recp)	H	☐	Temporary Release	N			

13. New Service No. _____ AMPS _____ Phase _____ VOLTS _____ Meters _____
14. Existing Service No. _____ AMPS _____ Phase _____ VOLTS _____ Meters _____
15. Temporary Service No. _____ AMPS _____ Phase _____ VOLTS _____ Meters _____
16. Overhead _____ Underground _____
17. Remarks: _____

18. Valuation: $ _____ 17. Total Fee: $ _____

All permits necessary for the completion of the work indicated will be obtained and paid for before any work is started. Failure to comply with applicable codes will result in the VOIDNESS of the permit. Any falsification, misrepresentation or misleading information **VOIDS** this application.

19. APPLICANT

Master Electrician

SIGNATURE _____ DATE: _____

PRINTED NAME _____