



City of Atlanta

ELECTRICAL PERMIT APPLICATION



Issued By/Date: JOB SITE Building Permit Number: ***PLEASE SELECT ONE*** Commercial Residential Street Number Street Name Type(Rd, St.) Quad(NE...)/Bars(SUITE...) Business Name

Permit Number: PLEASE CHECK BOX IF CONTRACTORS PHONE NUMBER, FAX NUMBER OR ADDRESS IS CHANGED SO OUR RECORDS CAN BE UPDATED. Contractor (License Holder) State Lic. NO.: Company Bus. Lic. NO.: Street Address: City: State: Zip Code: Phone: Fax: Email:

PLEASE CHECK APPLICABLE ITEMS BELOW

- TEMPORARY POLE - FEE \$50 EACH (includes job trailer if installed) Number of TEMP. POLES = X \$50 = CHANGE OF CONTRACTOR / Company (Previous Contractor's Permit Number: FIRE DAMAGE NEW BUILDING or EXISTING BUILDING (Alter or Repair) PENALTY REINSPECTION (Original Electrical Permit Number:) FEE = \$50 DISCONNECT AND RECONNECT of Service - FEE \$50

FEE SCHEDULE

(ALL FEES BELOW APPLY TO NEW OR EXISTING (IF YOU INSTALL, MODIFY, SERVICE OR REPAIR) SERVICES, FEEDERS BRANCH CIRCUITS OR LOW VOLTAGE WIRING)

Table with 3 columns: SERVICES, FEEDERS, BRANCH CIRCUITS. Each column has sub-columns for AMPS, FEE, QTY, and AMT with various ranges and values.

Dbl. Fee - Amount Paid: Total Fees: \$

(In comments section list types of low voltage systems you will be installing.)

COMMENTS: DESCRIBE JOB:

LOW VOLTAGE SYSTEMS (UNDER 30 VOLTS) THERE IS A MINIMUM FEE OF \$45 FOR THE FIRST 3000 SQUARE FEET \$1.50 FOR EACH ADDITIONAL 1000 SQUARE FEET Total Square Footage ,000

The above statements are true to the best of my knowledge, and I, the undersigned do hereby agree that I am responsible for this installation meeting all code requirements. I ALSO GUARANTEE THAT THE OVER CURRENT DEVICES WILL MEET OR EXCEED THE CALCULATED FAULT CURRENT AT ALL LOCATIONS ON THIS PROJECT. (PER NEC 110.9 AND 110.10).

Contractor's Signature: Date:

\$100 MINIMUM FEE FOR ALL PERMITS: \$75 Base fee plus \$25 Technology Fee

MAIL CASHIER'S CHECK or MONEY ORDER ONLY TO: 55 Trinity Avenue, Suite 3800, Atlanta Georgia 30303

FAX with CREDIT CARD FAX PAYMENT FORM TO FAX (404) 494-1872

Phone: (404) 865-8550

Inspector-Zone: