



ROCKINGHAM COUNTY
ELECTRICAL PERMIT APPLICATION

Permit #: _____

Property Address _____ Parcel No/Tax PIN _____

OWNER:

Name: _____
Mailing Address: _____
Telephone: _____ Email: _____

APPLICANT:

Name (if not owner): _____
Mailing Address: _____
Telephone: _____ Email: _____

Applicant is: _____ Owner

(Property not intended for rental, lease, sale or gift and exempt from licesnsed contractor requirements)

_____ Contractor License No: _____

(Contractor certifies that all information in this application is correct and all work will comply with the N.C. State building Code and all other applicable state, local laws, ordinates, and regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the project permitted herein.)

JOB DESCRIPTION REQUEST: _____ Service Change _____ Reconnect _____ Pool

_____ Generator _____ Low Voltage Other: _____

SIZE SERVICE: _____ 100 AMP _____ 150 AMP _____ 200 AMP
_____ 400 AMP

JOB VALUE: (For Commercial Projects Only:) _____

ELECTRIC COMPANY: _____ DUKE ENERGY _____ ENERGY UNITED OTHER: _____

MECHANICAL CONTRACTOR (IF APPLICABLE): _____ LICENSE NO: _____

NOTE: IN ORDER TO AVOID A RE-INSPECTION FEE THE OWNER/CONTRACTOR MUST MAKE ARRANGEMENTS FOR THE INSPECTOR TO GET INSID PREMISES WHEN REQUIRED.

Signature of Applicant: _____ Date: _____