



Town of Chilhowie, Virginia

Office of the Building Inspector

ELECTRICAL PERMIT APPLICATION



A	Customer Information	Important: Applicant must complete all non-shaded areas and mark or circle where appropriate.					Application Date
		Important: Applicant must fill ALL three (3) sections "A, B, and C" of this application. Failure to do so may result in rejection and-or delay of the review process.					Permit Number
	Job Address	Number & Street		Parcel Number		Site Phone	
	Contractor	Name		License Number		Phone	
	<input type="checkbox"/> Check here if the contractor is the permit holder.	Number & Street		City	State	Zip	Permit Fee \$35.00
	Applicant	Name		PO Box (If Applicable)		Phone	
		Number & Street		City	State	Zip	2.00% State Levy Fee \$0.70
	Name		PO Box (If Applicable)		Phone		
	Number & Street		City	State	Zip	Total Permit Fee \$35.70	
	Name		PO Box (If Applicable)		Phone		
	Number & Street		City	State	Zip	Payment Method CHECK CASH CC	
	Name		PO Box (If Applicable)		Phone		
	Number & Street		City	State	Zip	Check #	
B	<u>Work to be Performed on</u>		<u>New Service and Upgrades</u>		<u>Type and Quantity of Equipment</u>		
	<u>New Construction</u>		<input type="checkbox"/> New Service		<input type="checkbox"/> _____ Water Heater		
	<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial		_____ amps _____ phase <input type="checkbox"/> Panel Upgrade _____ amps _____ phase <input type="checkbox"/> Panel Replacement _____ amps _____ phase <input type="checkbox"/> Trailer Service _____ amps _____ phase		<input type="checkbox"/> _____ Swimming Pool/Spa <input type="checkbox"/> _____ Dryer/Washer <input type="checkbox"/> _____ Range/Stove <input type="checkbox"/> _____ Air Conditioner <input type="checkbox"/> _____ Dishwasher <input type="checkbox"/> _____ Garbage Disposal <input type="checkbox"/> _____ Wall Sign/Pole Sign <input type="checkbox"/> _____ Generator <input type="checkbox"/> _____ Trash Compactor <input type="checkbox"/> _____ Heat Pump _____ Ton		
<u>Additions, Alterations and Repairs</u>							
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other							
						<hr style="width: 100%;"/> Building Official	
						<u>Circuits or Feeders</u>	
						<input type="checkbox"/> _____ 0-20 amps <input type="checkbox"/> _____ 21-40 amps <input type="checkbox"/> _____ 41-60 amps <input type="checkbox"/> _____ 61-150 amps <input type="checkbox"/> _____ 151-200 amps <input type="checkbox"/> _____ over 200 amps	
C	Certification:	I hereby certify that I have the authority to make the foregoing application, that the application is correct, and that the construction will conform to the regulations in the Current adopted Virginia Uniform Statewide Building Code and the Town of Chilhowie Zoning Ordinance.					
	Signature	Address		Name (Print)	Date	Phone	
	DO NOT SIGN	LEAVE BLANK		LEAVE BLANK	LEAVE BLANK	LEAVE BLANK	
NOTE: This permit shall become invalid if the authorized work is not started within six (6) months from the date issued, and/or if the authorized work is suspended for a period of six (6) months after the time for commencing the work.							