



Town of Chilhowie, Virginia

Office of the Building Inspector

ELECTRICAL PERMIT

DO NOT
WRITE HERE

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
	Applicant		Name		PO Box (If Applicable)		Phone	
			Number & Street		City		State	Zip
Property Owner		Name		PO Box (If Applicable)		Phone		
		Number & Street		City		State	Zip	
						Plan Reviewed By <i>Charles R. Sturgill</i>		
						Permit Fee \$		
						2.00% State Levy Fee \$		
						Total Permit Fee \$		
						Payment Method <i>CHECK CASH CC</i>		
						Check #		
B	<u>Work to be Performed on</u>		<u>New Service and Upgrades</u>		<u>Type and Quantity of Equipment</u>			<i>Charles R. Sturgill</i> Building Official
	<u>New Construction</u> <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Multi-Family Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <u>Additions, Alterations and Repairs</u> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other		<input type="checkbox"/> New Service _____ 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"/> _____ Water Heater <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			
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
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.								