

ELECTRICAL PERMIT APPLICATION

CITY OF WATKINSVILLE INSPECTION DEPARTMENT

TO BE FILLED OUT BY APPLICANT

MAILING ADDRESS
P.O. BOX 27
WATKINSVILLE, GA 30677

PH: 706-769-5161

STREET ADDRESS
191 VFW DRIVE
WATKINSVILLE, GA 30677

STREET ADDRESS _____ SUBDIVISION _____

PRESENT PERMIT FOR STRUCTURE _____ BLOCK _____ LOT _____

EXISTING BUILDING? Y _____ N _____ PRESENT USE: _____

OWNER: _____ ADDRESS: _____

COMMERCIAL USE _____ SINGLE FAMILY _____ DUPLEX _____ ART _____ CONDO _____
NUMBER OF UNITS _____ MULTI-FAMILY _____ ADDITIONS _____ ALTERATIONS _____

WORK MUST COMMENCE WITHIN 6 MONTHS OF ISSUANCE AND NOT BE
ABANDONED IN EXCESS OF 12 MONTHS OR PERMIT WILL BECOME VOID

SERVICE INFORMATION

VOLTAGE: _____ CONDUCTOR SIZE: _____

PHASE: _____ TYPE OF CONDUCTOR: _____

AMPERAGE CAPACITY: _____ UTILITY COMPANY: _____

METHOD OF ENTERING BUILDING: ABOVE GROUND UNDERGROUND

CHECK IF APPLICABLE: Temporary Pole Change Panel Box
 Trailer Pole Repairs
 Change of Service Other (Explain) _____
 Complete Job

THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THE PROPOSED WORK MEETS ALL CODES AND ORDINANCES OF THE CITY OF WATKINSVILLE, WATKINSVILLE, GEORGIA.

CONTRACTOR: _____ MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

BUSINESS LICENSE NO.: _____ STATE CERTIFICATION NO.: _____

CONTRACTOR'S SIGNATURE: _____ DATE: _____

BASE PERMIT FEE COMMERCIAL \$70.00 AND RESIDENTAL \$ 50.00 – CHECK# _____ CASH _____

APPLICATION DATE: _____ PERMIT NO.: _____ FEE: _____

APPLICATION APPROVED: _____ DENIED: _____ DATE: _____

AFFIDAVIT OF LICENSE OR PERMIT APPLICATION OR BENEFIT APPLICATION

As an applicant for any City: 1) License, 2) Permit or 3) benefits (including new employment by the City which provides employee benefits, and including labor and construction and other independent contractor contracts with the City which provides benefits to the contractor), in compliance with Georgia Code Section 50-36-1, the Georgia Security and Immigration Compliance Act, and per the Federal “Systematic Alien Verification for Entitlements (SAVE)” Program, I sign this affidavit under oath, certifying I am not an unauthorized alien, and further certifying none of my employees or subcontractors (if any) are unauthorized aliens, and furthermore I initial the appropriate designation for myself below:

_____ I am a United States Citizen;
INITIAL HERE

OR

_____ I am a legal permanent resident 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal
INITIAL HERE Immigration and Nationality Act, 18 years of age or older (Alien Registration Number as Follows: _____),
and I certify that I am lawfully present in the United States.

In making the above sworn certification, under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of code section 16-10-20 of the Official Code of Georgia.

Applicant Signature: _____

Print Name: _____

Sworn to and subscribed before me
This ____ day of _____, 20____.

Notary Public
My Commission Expires: _____