

BUILDING PERMIT APPLICATION FORM

07/05

ELECTRICAL

(PLAN REVIEW REQUIRED)

CONTRACTOR NAME: _____

ADDRESS: _____

PHONE #: _____ CITY/STATE: _____

OWNER NAME: _____

ADDRESS: _____

PHONE #: _____ CITY/STATE: _____

TYPE JOB: _____ RESIDENTIAL: _____ COMMERCIAL: _____

DIRECTIONS TO JOB OFF U.S. HIGHWAY:

COST OF JOB (ESTIMATED): _____

NAME OF ELECTRICIAN: _____

NO. OF AMPS: _____ PHASE: _____ VOLTS: _____

NAME OF APPLICANT: _____

PHONE #: _____

EMAIL ADDRESS: _____

CHECK IN MAIL: _____ PICK UP & PAY: _____

SIGNATURE OF APPLICANT: _____

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