



Electrical Permit Application

3120 Stonecrest Blvd., Stonecrest, GA 30038

Phone (770- 224-0200) www.stonecrestga.gov

Base permit fee: \$100

Technology fee \$20

Project Address: _____ Parcel Number: _____

Property Owner: _____

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Business License Number: _____ State License Number: _____

Home/Business Phone Number: _____ Email: _____

Cell Number: _____ Fax Number: _____ Cost: _____

Permit Type: Commercial Residential Low Voltage Power Reconnect (\$50 Base fee)

Base fee plus:

Temporary power pole _____ x(\$25 each)	Number of receptacles _____ x (\$2 each)
Number of Light fixtures _____ x (\$2 each)	# service panels 30 to 125 amps _____ x(20 each)
# service panels 126 to 400 amps _____x(\$30 each)	# service panels 401 and above _____x (\$40 each)
Number appliances _____ x (\$5 each)	Swimming pool, spa, jacuzzi _____x(\$50 each)
Miscellaneous equipment _____ x(\$20 each)	Construction Trailer _____ x (\$50 each)
Low Voltage(residential) _____x (\$25 per unit)	Low Voltage(commercial) _____x(\$50 each)

Please Describe Work to be Completed:

I hereby certify that I have read and examined all information provided herein is true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of the permit does not presume to give authority to violate or cancel the provisions of any state or local law regarding construction or the performance of construction. I understand that I am responsible for obtaining all required inspections. The work must begin and the first inspection passed no more than 180 days from the issue date of the permit or the permit is EXPIRED. All required plans, specifications, contractor state licensure, and business licenses must be submitted with the completed application. If any information is found to be false or misrepresented, the permit will be deemed invalid. I agree to indemnify and hold harmless the City of Stonecrest from all damages, demands, or expenses of every character which may in any manner be caused by the work permitted.

Printed Name of Applicant: _____

Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY PERMIT MANAGEMENT STAFF

Building Permit Fee Due \$ _____ Permit Number: _____

Approved By: _____ Date: _____