



# APPLICATION FOR ELECTRIC PERMIT

Building Commission  
500 Quartermaster Ct., Ste. 200; Jeffersonville, Ind. 47130  
Phone: 812-285-6415 • Fax: 812-285-6468  
www.cityofjeff.net

Date : \_\_\_\_\_

License # : \_\_\_\_\_

## JOB INFORMATION

• Address: \_\_\_\_\_ Lot # \_\_\_\_\_

• Is the site: \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_ New \_\_\_\_\_ Existing

• Give a description of the job being performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ EXISTING amps \_\_\_\_\_ ADDED amps \_\_\_\_\_ NEW amps

## CONTRACTOR INFORMATION

• Contractor: \_\_\_\_\_

• Contractor address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

• Office phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ email: \_\_\_\_\_

## PROPERTY INFORMATION

• Property Owner: \_\_\_\_\_

• Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

• Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

X \_\_\_\_\_

(signature of license holder)

(date)