Town of Talking Rock Electrical Affidavit

	N POWER and ELECTRICAL AFFIDA	,	
	Perm Service Hookup BUILDING P		
Subdivision/Lot#	PROPERTYOWNER'S NAME	E	
JOB SITE ADDRESS			
•	er is hereby authorized on the ele		
	ioned address for a period of nine		
•	on of the final inspection at the ab		
	be granted for good and sufficien	•	
	late, and subject to the Building D		
, ,	ower permit, the applicant hereb		
•	e building during this period. The	•	•
·	nent power can be released. NOT		
	IS NECESSARY BEFORE RESIDENC		
	CTION WITH TEMPORARY CONSTI		
	ITHIN THIS PERMIT APPLICATION		
	CAL SERVICE. VIOLATION OF COUN		
• •	AND SIXTY (60) DAYS IN JAIL, OR		· ·
	relieved from any liability, dama	ige, or loss associated	with connection or
disconnection of this tempora	ry service.		
Please Print Name of Contract	tor / Homeowner Name (Who ap		
	S		
Street Address	, City	, State	, Zip
Current Phone, Cell Number _			
********	*********	******	******
NOTICE: THIS FORM MUST BE	COMPLETED, SIGNED AND SUBM	NITTED TO THE BUILD	ING INSPECTIONS
DEPARTMENT AT LEAST 24 HO	OURS PRIOR TO REQUESTING A RO	OUGH INSPECTION. F.	AILURE TO COMPLY
WILL RESULT IN THE BUILDER'	S ROUGH AND FINAL INSPECTION	NS BEING DELAYED. T	HIS IS TO CERTTFY
THAT I AM RESPONSIBLE FOR	THE ELECTRICAL.		
PLEASE CHECK BELOW THE T	YPE OF LICENSE YOU HOLD AND A	ARE USING FOR THIS F	PARTICULAR JOB:
ELECTRICAL CONTRA	ACTOR CLASS I (RESTRICTED TO SI	INGLE-PHASE, NOT EX	(CEEDING 200 AMPS)
ELECTRICAL CONTRA	ACTOR CLASS II (UNRESTRICTED) I	IN THE EVENT OF ANY	CHANGE IN MY
STATUS ON THIS INSTALLATIO	N, I UNDERSTAND THAT I WILL B	E HELD RESPONSIBLE	FOR THIS JOB UNTIL
BUILDING INSPECTIONS HAS E	BEEN NOTIFIED IN WRITING OF A	NY CHANGE. Electrica	l Contractor's
Statement: The service equip	ment for the above referenced jo	b location has been ir	nstalled in
accordance with all applicable	codes. Town of Talking Rock Insp	pections Department	will notify the
service conductor for service	to be switched.		
SIGNATURE:		DATE:	

Town of Talking Rock Electrical Affidavit

PRINT NAME:	Expiration Date
State License Number:	• • • • • • • • • • • • • • • • • • • •
CompanyName:	
Company Street Address:	City,State,Zip Code
Business Phone/Cell Phone:	