



# CITY OF WINDER

23 NORTH JACKSON STREET  
PO BOX 566  
WINDER, GEORGIA 30680  
770-867-3510

## ELECTRICAL PERMIT APPLICATION

Home Owner: Name/Address \_\_\_\_\_

Project Location \_\_\_\_\_

### Electrical Contractor

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Contractor State License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Business License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

City/County of Business \_\_\_\_\_

### (Copy of state and local license required with application)

Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Number of: \_\_\_\_\_ Switches \_\_\_\_\_ Receptacles \_\_\_\_\_ Lighting Outlets

### NUMBER OF APPLIANCES

\_\_\_\_\_ Ranges \_\_\_\_\_ Heat Pumps \_\_\_\_\_ Furnaces

\_\_\_\_\_ Water Heaters \_\_\_\_\_ Dryers \_\_\_\_\_ Ovens

\_\_\_\_\_ Washing Machines \_\_\_\_\_ Hood Vents \_\_\_\_\_ Dishwashers

\_\_\_\_\_ Bathroom Exhaust Vents \_\_\_\_\_ Other \_\_\_\_\_

Motors Types \_\_\_\_\_ Number of Motors \_\_\_\_\_

Panels / Number of Circuits: A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D \_\_\_\_\_ E \_\_\_\_\_

Service Switches Size in Amps: 150 \_\_\_\_\_ 200 \_\_\_\_\_ 400 \_\_\_\_\_ 600 \_\_\_\_\_ 800 \_\_\_\_\_ 1200 \_\_\_\_\_

Service : Underground \_\_\_\_\_ Overhead \_\_\_\_\_ Temp. Pole \_\_\_\_\_

Power Company: Ga.Power \_\_\_\_\_ Jackson EMC \_\_\_\_\_

I hereby make application for permit as above, and if it is granted, I agree to conform to all City of Winder zoning regulations and building code ordinances and in accordance with plans and specifications submitted. Any change in use may be in violation of zoning regulations and will void the permit. Any electrical permit shall automatically expire six (6) months from the date of issuance if unsubstantial construction has occurred. Any person, firm or corporation violating any provision of this ordinance shall be guilty upon conviction of a misdemeanor and shall be punished for each offense according to law. Each offense shall constitute a separate offense for each day the violation shall continue. Application is hereby made according to the requirements of the zoning regulations of the City of Winder. The Health Department and other governmental units must be in conformity to the application approved by the City of Winder and on file in its office. This approval does not waive any subdivision restrictions that may apply.

I hereby certify that I have read and examined this application and know the same to be true and correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_