

# RESIDENTIAL ELECTRICAL PERMIT APPLICATION

Telephone: (731) 425-8262

**CITY OF JACKSON**  
**BUILDING DEPARTMENT**

Fax: (731) 425-8228

Contractor Information: ID Number: \_\_\_\_\_  
Contractor Name: \_\_\_\_\_  
Licensed Tradesman: \_\_\_\_\_

If you do not have a contractor number assigned by the City you can request a number through the Building Dept.

Electricians must be licensed by the City of Jackson.

## PROPERTY INFORMATION

PROJECT NUMBER \_\_\_\_\_ RESIDENTIAL BUILDING PERMIT NUMBER \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_

WORK LOCATION (ADDRESS & SPACE) \_\_\_\_\_

PROPOSED USE (TENANT NAME) \_\_\_\_\_

PROJECT NAME (COMPLEX NAME) \_\_\_\_\_

OWNER NAME (OWNER PER DEED OR PERSON IN CHARGE OF PROPERTY) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE      ZIP CODE      TELEPHONE NUMBER (INCLUDING AREA CODE)

DESCRIPTION OF WORK \_\_\_\_\_

<b>CLASS OF WORK</b>	
<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE	
<input type="checkbox"/> NEW SERVICE SIZE _____ AMPS <input type="checkbox"/> TEMPORARY POLE <input type="checkbox"/> RE-INSPECTION <input type="checkbox"/> SERVICE RELEASE	
<input type="checkbox"/> WIRE SIGN <input type="checkbox"/> MODIFICATIONS TO EXISTING WIRING <input type="checkbox"/> OTHER _____	
VALUATION OF WORK _____ COMMENTS _____ _____ _____ _____	SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATION OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.  I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THE TYPE WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAWS REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.  _____ SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT      DATE SIGNATURE OF OWNER (IF OWNER/BUILDER)

\*\*\*\* I HEREBY CERTIFY THAT I WILL COMPLY WITH THE TERMS AND CONDITIONS OF THE CITY'S SOLID WASTE CONTRACT WITH WASTE MANAGEMENT FOR THE HAULING AND DISPOSAL OF ALL SOLID WASTE IN CONNECTION WITH THE PROJECT. I CERTIFY THAT I WILL PROVIDE THE CITY WITH A MANIFEST FOR THE DISPOSAL OF ANY AND ALL LOADS OF RECYCLABLE MATERIALS FROM THE PROJECT THAT ARE NOT DISPOSED OF THROUGH WASTE MANAGEMENT. I CERTIFY THAT ANY SUB-CONTRACTORS USED FOR THE PROJECT WILL HAUL ONLY THE PORTION OF THE MATERIALS DIRECTLY RELATED TO THE PORTION OF THE PROJECT THEY PERSONALLY COMPLETED, AND THAT SAID SUB-CONTRACTOR MUST PROVIDE THE CITY WITH A MANIFEST OF THE CONTENTS AND TONNAGE OF ANY SUCH LOAD NOT DISPOSED OF THROUGH WASTE MANAGEMENT.