

ELECTRICAL PERMIT APPLICATION

PERMIT NUMBER



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www.co.new-kent.state.va.us **Inspections:** 804-966-8572

PROPERTY OWNER

Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
Email: _____

CONTRACTOR

Name: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____
VA Contractor's No: _____ Class: _____
Expiration: _____ Email: _____

SITE ADDRESS

Address: _____
City: _____ State: _____ Zip: _____

PROJECT

Cost: _____

STATE NATURE OF PROPOSED WORK

ELECTRICAL

Amps: _____ Temporary Service Amps: _____ Pull From Existing _____
Service Upgrade From _____ amps To _____ amps Generator: _____
Virginia Power Inquiry Number: _____

PERMITS MUST BE OBTAINED BEFORE WORK IS COMMENCED. PERMIT FEES WILL BE DOUBLED FOR ANY WORK PERFORMED BEFORE PERMIT IS OBTAINED.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED FOR IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT THE ESTIMATED COST SET FORTH ON THE REFERENCED PERMIT, FOR THE PURPOSE OF DETERMINING THE APPLICABLE PERMIT FEE, IS TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE AND IT IS DETERMINED BY THE FOLLOWING: ACTUAL COST OF ALL LABOR AND MATERIALS INCLUDING ANY AND ALL FURNISHED BY OTHER THAN THE INSTALLER, SHALL BE INCLUDED IN SUCH COST. I HEREBY AGREE TO COMPLY WITH ALL PROVISIONS OF THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE AND THE CURRENT EDITION OF THE NATIONAL ELECTRICAL CODE.
THIS PERMIT BECOMES INVALID IF AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS AFTER ISSUANCE.

SIGNATURE OF APPLICANT/AGENT/OWNER DATE

