

ELECTRICAL Permit Application (Non-Residential)

ROCKY MOUNT
DEVELOPMENT SERVICES
THE CENTER OF IT ALL



Applicant's Name:		Email:	
Project Address (street, zip, county):			
Developer:		Project Supervisor:	
Property Owner:		Telephone:	
Contractor:		State License #	
Address:			
City:	State:	Zip Code:	Telephone:
Description of Proposed Work:			
Type of work (check all that apply):		<input type="checkbox"/> <i>Service Change</i> <input type="checkbox"/> 1-200amps \$75.00 <input type="checkbox"/> 201-400amps \$75.00 <input type="checkbox"/> Over 400amps \$80.00	
<input type="checkbox"/> <i>New Service</i> <input type="checkbox"/> 1-99amps \$70.00 <input type="checkbox"/> 100-199 amps \$70.00 <input type="checkbox"/> 200-299amps \$75.00 <input type="checkbox"/> 300-400amps \$105.00 <input type="checkbox"/> Over 400amps \$120.00 Plus \$15 for ea. additional 100amps <input type="checkbox"/> Generator Transfer Switch \$25.00 <input type="checkbox"/> Photovoltaic Systems per Panel \$5.00 # of Panels <input type="text"/> @ \$5.00 # of addition 100amps: <input type="text"/> @ \$15.00		<input type="checkbox"/> Fire Alarm \$87.50 <input type="checkbox"/> Tentative Final Inspection \$15.00 <input type="checkbox"/> Construction Saw Pole \$15.00 <input type="checkbox"/> Unclassified Work \$65.00	

I hereby certify that all the information in this application is correct and all work will comply with the City's Land Development Code, State Building Code, and all other applicable State and local laws, ordinances, and regulations. The Inspections Services Division will be notified of any changes in the approved plans and specifications for the project permitted herein. I further understand that this is not an authorization to begin work.

Work may only begin after approval and issuance of the permit.

Owner/Agent Signature: _____ Date: _____

Minimum Fee is \$65.00

Failure to obtain permit \$250.00 fine.

Carbon Monoxide Alarms in One- & Two-family dwellings and townhouses are required to comply with North Carolina Residential Code R315.

(Do not write below this line. For office use only.)

Received on ___/___/___ By _____	Approved By _____ Date: _____
<input type="checkbox"/> Re-inspection Fee \$75.00 <input type="checkbox"/> After Hours Inspection Fee \$75.00 per hour (Minimum two-hour charge after normal working hours)	Fees _____ + additions _____ = TOTAL \$ _____ Paid on ___/___/___ Staff Initials _____

Revised 1/20