

Electrical Permit # _____ Payment Check # _____ Date _____

Building Permit # _____ Payment Cash _____ Amount Paid _____

**CITY OF MT. WASHINGTON DEPARTMENT OF BUILDING CODES
ELECTRICAL PERMIT
P.O. BOX 285 • 311 SNAPP STREET
MT. WASHINGTON, KY 40047-0285
Phone: (502) 538-0515**

APPLICATION FOR ELECTRICAL INSPECTION

Electrical Contractor			
Address			
City			
State	Zip	Phone	
Electrician or Applicant Name		Phone	
Job Site Street & Lot #			
Owner		Phone	
Address			
City	State	Zip	

PROOF OF LIABILITY INSURANCE

Insurance Co. Name	Agent Name	Phone

DETAILED INFORMATION

Application Type Check only one (1)	<input type="checkbox"/> ONE OR TWO FAMILY <input type="checkbox"/> MULTIFAMILY (OVER TWO (2) FAMILY) <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> TRAILER OR MOBILE HOME Modular Home
INSTALLATION TYPE: Check only one (1)	<input type="checkbox"/> NEW BUILDING <input type="checkbox"/> EXISTING BUILDING <input type="checkbox"/> Replacing existing service in existing building. <input type="checkbox"/> Installing a new / additional service(s) in an existing building. Number of Amperes: _____ <input type="checkbox"/> TEMPORARY SERVICE (POLE)

NUMBER OF INSPECTIONS REQUESTED _____

COMMERCIAL ESTIMATED COST OF ELECTRICAL PROJECT \$ _____

TYPE OF WORK TO BE PERFORMED & SPECIAL INSTRUCTIONS

Example: Service change, room addition, garage, repairs, mobile home, etc.

I do also hereby certify and state, pursuant to KRS 198.060 (10) that all contractors and subcontractors that are employed on any activity covered by this permit shall be in compliance with the Commonwealth of Kentucky's requirements of workers compensation insurance (KRS chapter 342) and unemployment insurance (KRS Chapter 341). I hereby certify that I have read the above statements carefully and understand my obligations. I do hereby release the CITY OF MT. WASHINGTON of any liability for my failure to meet the obligations stated above.

Applicant Signature _____

Date: _____

Master License # _____

Contractor License # _____