



**SPARTANBUG COUNTY
ELECTRICAL PERMIT APPLICATION**
PHONE: (864) 596-2727 FAX: (864) 596-2194

DATE: _____

NAME OF POWER COMPANY :(REQUIRED) _____

LOCATION INFORMATION:

INSTALLATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER'S INFORMATION:

OWNER'S NAME: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK DESCRIPTION: _____

TOTAL JOB COST: \$ _____

NAME OF POWER COMPANY :(REQUIRED) _____

CONTRACTORS INFORMATION:

CONTRACTORS NAME: _____

LICENSE NUMBER: _____ PHONE: _____

E-MAIL: _____

DIRECTIONS LEAVING OUR OFFICE: _____

ALL WORK TO COMPLY WITH PROVISIONS OF COUNTY ORDINANCE AND CODES

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT: _____

SIGNATURE OF APPLICANT