

SCOTLAND COUNTY INSPECTION DEPARTMENT

507 WEST COVINGTON STREET
LAURINBURG, NORTH CAROLINA 28352
PHONE: 910-277-2415 AND 910-277-2428

APPLICATION FOR ELECTRICAL PERMIT

DATE _____ COST OF WORK _____

POWER COMPANY: CITY OF LAURINBURG _____ DUKE _____ LUMBER RIVER _____ PEE DEE _____

NAME OF OWNER _____ 911 ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE #: _____

RENTER'S NAME (IF APPLICABLE) _____

ELECTRICAL CONTRACTOR NAME _____ LICENSE # _____

EMAIL ADDRESS _____

OWNER (Own property not intended for rental, lease, sale or gift and exempt from licensed contractor requirements)

JOB DESCRIPTION REQUEST:

NEW RESIDENCE SERVICE CHANGE BULK BARN HVAC REMODELING

WORKSHOP SIGN SERVICE GENERATOR STORAGE BUILDING

TEMP SAW SERVICE FARM BUILDING

COMMERCIAL TYPE _____

SWIMMING POOL – ABOVE GROUND (FINAL) SWIMMING POOL – IN GROUND (BONDING & FINAL)

OTHER (DESCRIBE) _____

SIZE SERVICE:

100 AMP 150 AMP 200 AMP 400 AMP

NOTE: ONLY 60 AMP SERVICE ALLOWED FOR TRAVEL TRAILERS, WELLS, ELECTRICAL FENCING AND TEMP POLES WITHOUT CONSTRUCTION.

3 PHASE OTHER _____

NOTE: TO AVOID REINSPECTION FEE: CONTRACTOR/OWNER NEEDS TO MAKE ARRANGEMENTS FOR INSPECTOR TO GET INSIDE BUILDING WHEN REQUIRED.

***APPLICANT HEREBY ASSUMES FULL RESPONSIBILITY FOR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY ARISING OUT OF OR CAUSED BY DEFECTIVE ELECTRICAL WIRING SUBJECT OF THIS APPLICATION.

NO REFUNDS AFTER PERMITS ARE ISSUED.

SIGNATURE OF ELECTRICAL CONTRACTOR/OWNER:
