

Mailing Address:  
120 W Dougherty St  
Athens, GA 30601  
accbuild@accgov.com

**ELECTRICAL PERMIT APPLICATION**  
ATHENS-CLARKE COUNTY INSPECTION DEPARTMENT  
PHONE: (706) 613-3520 FAX: (706) 613-3527

STREET ADDRESS  
120 W. Dougherty Street  
Athens, GA 30601

STREET ADDRESS: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_  
BLDG/TENANT SPACE#: \_\_\_\_\_ TAX MAP: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_  
ZONE \_\_\_\_\_ EXISTING BLDG? Y \_\_\_\_\_ N \_\_\_\_\_ PRESENT USE: \_\_\_\_\_  
OWNER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

WORK PERFORMED ON: SINGLE FAMILY \_\_\_\_\_ DUPLEX \_\_\_\_\_ APTS \_\_\_\_\_ COMMERCIAL \_\_\_\_\_  
MANUFACTURED HOME \_\_\_\_\_ CLASS A HOME \_\_\_\_\_ MAKE ADDITIONS/ALTERATIONS TO: \_\_\_\_\_

**WORK MUST COMMENCE WITHIN 6 MONTHS OF ISSUANCE AND NOT BE  
ABANDONED IN EXCESS OF 6 MONTHS OR PERMIT WILL BECOME VOID.**

**SERVICE INFORMATION:**

VOLTAGE: \_\_\_\_\_ CONDUCTOR SIZE: \_\_\_\_\_  
PHASE: \_\_\_\_\_ TYPE OF CONDUCTOR: \_\_\_\_\_  
AMPERAGE CAPACITY: \_\_\_\_\_ UTILITY COMPANY: \_\_\_\_\_  
METHOD OF ENTERING BUILDING:  ABOVE GROUND  UNDERGROUND

NUMBER OF CIRCUITS ADDED \_\_\_\_\_

CHECK IF APPLICABLE:  TEMPORARY POWER POLE  CHANGE PANEL BOX  
 TRAILER POLE  REPAIRS  
 CHANGE OF SERVICE  OTHER (EXPLAIN) \_\_\_\_\_

THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND THE PROPOSED WORK  
MEETS ALL CODES AND ORDINANCES OF ATHENS-CLARKE COUNTY.

CONTRACTOR \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ DATE \_\_\_\_\_  
STATE LICENSE NO. \_\_\_\_\_  
BUSINESS LICENSE NO. \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_  
(PRINT)

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

<b>SHADED AREAS FOR OFFICE USE ONLY</b>		
Minimum Fee \$80.00 x No. of Units _____ = _____		
# Circuits	_____ x \$2 =	_____
PERMIT TOTAL = \$ _____		

Please provide copies of Business , State and  
Driver's Licenses if not already on file with ACC  
Building Inspections Dept.

REMARKS:

DATE ISSUED \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ FEE \_\_\_\_\_  
APPROVED BY \_\_\_\_\_ DENIED BY \_\_\_\_\_ DATE ENTERED \_\_\_\_\_