

# CITY OF ST. MARYS

## RE-ESTABLISHING ELECTRICAL SERVICE

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_

Address Where You Need Inspection: \_\_\_\_\_

Is this a mobile home? Yes No (Please circle one)

Contractor's Company Name: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Address of Contractor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contractor's Cell/Phone Number: \_\_\_\_\_

Contractor's State License Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Contractor's Business License, what city/county is it for: \_\_\_\_\_

Business License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*Name listed on the account at the power company: \_\_\_\_\_ \*

\*Telephone Number for This Person: \_\_\_\_\_ \*

\*Without this information the service won't be turned on. You would get this information from the person that contacted you to apply for this permit.\*

Reason for permit: Electrical Wiring Inspection for Re-Establishing Service to Property.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature Of Licensee

\_\_\_\_\_  
Date