

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