

CITY OF ST. MARYS, GEORGIA

Electrical Permit Packet

Community Development Department
418 Osborne Street - (912) 510-4032

Please take care to insure that the information for each checkbox below is sufficiently provided. The City of St. Marys does not accept incomplete applications.

Completed Application

Copy of contractor's license

Copy of business license (unless you are a local contractor)

Signed contract or a purchase order for the work being performed and the contract cost for the work

Authorized Permit Agent form filled out if applicable

Please note all information contained in this packet may not be applicable to your project. Should you have any questions, please contact Cheyanne Heron at 912-510-4032 or cheron@stmarysga.gov

CITY OF ST. MARYS

RE-ESTABLISHING ELECTRICAL SERVICE

PERMIT NUMBER _____ DATE APPLIED _____

ADDRESS WHERE YOU NEED THE INSPECTION _____

IS THIS A MOBILE HOME? YES NO (PLEASE CIRCLE ONE)

CONTRACTOR'S COMPANY NAME: _____

CONTRACTOR'S NAME _____ PHONE # _____

ADDRESS OF CONTRACTOR: _____

CITY: _____ STATE: _____ ZIP CODE _____

CONTRACTORS STATE LICENSE NUMBER: _____ EXPIRATION _____

CONTRACTORS BUSINESS LICENSE NUMBER: _____

CITY/COUNTY OF CONTRACTORS BUSINESS LICENSE NUMBER: _____

BUSINESS LICENSE NUMBER: _____ EXPIRATION: _____

*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

ACTUAL COST: _____

COMMENTS:

Licensee signature: _____ Date: _____

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Electrical Permit Application

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PERMIT NUMBER _____ DATE APPLIED _____

PROJECT ADDRESS _____

CONTRACTORS NAME _____ PHONE # _____

NAME OF BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

STATE LICENSE NUMBER _____ EXPIRATION _____

COUNTY/CITY OF OCCUPATIONAL TAX LICENSE & NUMBER _____

EXPIRATION DATE ON COUNTY/CITY LICENSE _____

WRITE A DESCRIPTION OF THE WORK YOU ARE DOING::

ACTUAL COST: _____

FEE CALCULATED @ 2% OF THE ACTUAL CONTRACT COST (MINIMUM \$50.00) PLUS \$50.00 ADMIN FEE

LOW VOLTAGE WIRING ON THE PROJECT: _____ NO _____ YES

(IF YES, PLEASE COMPLETE THE LOW VOLTAGE APPLICATION)

DRAWINGS ATTACHED: _____ NO _____ YES

IS THIS FOR RECONNECTION OF DISCONTINUED SERVICE: _____

Licensee signature: _____ Date: _____



CITY OF ST. MARYS

418 OSBORNE STREET

ST. MARYS, GEORGIA 31558

COMMUNITY DEVELOPMENT: 912-510-4032

Property Owner's Authorization Letter

I (we): _____

Hereby Authorize: _____

Representative of: _____

To apply for, sign, and pick-up building permits for the following proposed work:

Job Location: _____

As property owner(s), I (we) hereby grant permission to the applicant referenced above to apply for, sign, and pick-up the permit for the work as indicated above. All work performed must meet all provisions of The City of St. Marys Building and Zoning Codes and the Laws of the State of Georgia, as applicable, whether specified or not. Contractors are required to have a Georgia Professional Contractors License.

(Property Owner or Person with Power of Attorney Signature)

(Date)

(Printed Name)

(Title)