



Bryce A. Stuart Municipal Building
Suite 328, 100 E. First Street
Winston-Salem, NC 27101
P.O. Box 2511
Winston-Salem, NC 27102-2511

Phone: (336) 727-2624
Fax: (336) 747-9428

APPLICATION FOR ELECTRICAL PERMIT FOR AN OWNER

Building /Parent Permit (if this permit will be linked) # _____

An Electrical Affidavit by Property Owner is **REQUIRED** and should be submitted with this form.

Applicant Information: all related fields must be filled in

Address of Job _____

Property Owner Name _____

Email Address _____

Job Type/Case description: check one that applies

- | | |
|--|---|
| <input type="checkbox"/> Electrical Change Out | <input type="checkbox"/> Electrical Reconnect |
| <input type="checkbox"/> Electrical Commercial Addition | <input type="checkbox"/> Electrical Residential Addition |
| <input type="checkbox"/> Electrical Commercial Alteration/Repair | <input type="checkbox"/> Electrical Residential Alteration/Repair |
| <input type="checkbox"/> Electrical Manufactured Home New | <input type="checkbox"/> Electrical Single Family New |
| <input type="checkbox"/> Electrical Modular Home New | <input type="checkbox"/> Electrical Temporary Saw |
| <input type="checkbox"/> Electrical Multi-Family New | <input type="checkbox"/> Electrical Temporary Utility Permit |
| <input type="checkbox"/> Electrical New Commercial | |

Detailed description of work for this trade (required) _____

Service Size (AMPS) _____ Meter Type Individual Gang/Multiple Outlets (#) _____

Light Fixtures (#) _____ Appliances (#) _____ Motors (#) _____ Heating Units (#) _____

A/C Units (#) _____ Service Upgrade Yes No Swimming Pool Equipment Yes No

Generators (#) _____

Applicant's Signature _____ Applicant's Phone _____

Date _____

This application would only be submitted by an owner doing the work that is currently occupying the location and plans to continue to occupy the location for 12 months after the work is complete.