



CITY OF WINDER

ELECTRICAL PERMIT APPLICATION

Home Owner: Name/Address _____

Project Location _____

Electrical Contractor

Name _____

Address _____

Phone # _____

Contractor State License # _____ Exp. Date _____

Business License # _____ Exp. Date _____

City/County of Business _____

(Copy of state and local license required with application)

Residential _____ Commercial _____

Number of:

_____ Switches _____ Receptacles _____ Lighting Outlets

NUMBER OF APPLIANCES

_____ Ranges	_____ Heat Pumps	_____ Furnaces
_____ Water Heaters	_____ Dryers	_____ Ovens
_____ Washing Machines	_____ Hood Vents	_____ Dishwashers
_____ Bathroom Exhaust Vents	_____ Other _____	

Motors Types _____ Number of Motors _____

Panels / Number of Circuits A _____ B _____ C _____ D _____ E _____

Service Switches Size in Amps 150 _____ 200 _____ 400 _____ 600 _____ 800 _____ 1200 _____

Service : Underground _____ Overhead _____ Temp. Pole _____

Power Company: Ga.Power _____ Jackson EMC _____

I hereby make application for permit as above, and if it is granted, I agree to conform to all City of Winder zoning regulations and building code ordinances and in accordance with plans and specifications submitted. Any change in use may be in violation of zoning regulations and will void the permit. Any electrical permit shall automatically expire six (6) months from the date of issuance if unsubstantial construction has occurred. Any person, firm or corporation violating any provision of this ordinance shall be guilty upon conviction of a misdemeanor and shall be punished for each offense according to law. Each offense shall constitute a separate offense for each day the violation shall continue. Application is hereby made according to the requirements of the zoning regulations of the City of Winder. The Health Department and other governmental units must be in conformity to the application approved by the City of Winder and on file in its office. This approval does not waive any subdivision restrictions that may apply.

I hereby certify that I have read and examined this application and know the same to be true and correct.

Signature of Applicant _____ Date _____