

CITY OF FORT PAYNE

Inspections Department
 100 Alabama Avenue N.
 Fort Payne, Alabama 35967
 Telephone: (256) 845-5180
 FAX: (256) 845-5157

Permit No:	_____
Associated with:	_____
Date issued:	_____

I, the undersigned, hereby make application to the Building Inspections Department of the City of Fort Payne for a permit to repair, install and/or add electrical wiring and/or fixtures to the facility located at the specified address. I understand that all work must be in compliance with the requirements of the National Electrical Code and the laws and ordinances of the State of Alabama and the City of Fort Payne, and cannot begin until a permit is issued. I further understand that all work must be inspected while in progress.

Owner:			
Job location:			
Contractor:			
Contractor telephone:			
Licensed:	City: () Yes () No..... State: () Yes () No		
Class:	() Residential () Commercial () Industrial		
Type:	() New construction () Addition () Remodeling () Temporary () Service upgrade () Mobile home () Other _____		
Improvement:			
Remarks:			
<input type="checkbox"/> Outlets:	Receptacles _____ Switches _____	<input type="checkbox"/> Service:	Temporary _____ Ampacity _____
<input type="checkbox"/> Fixtures:	Lighting _____ Ceiling fans _____ Bath vents _____	<input type="checkbox"/> Motors:	Single phase _____ Three phase _____ Voltage _____ HP _____
<input type="checkbox"/> Electrical appliances:	Disposal _____ Dishwasher _____ Dryer _____ Range _____ Washer _____ Water heater _____	<input type="checkbox"/> Heat and air:	Contractor _____ Size: Ton _____ KW _____
<input type="checkbox"/> Temporary pole:	_____	<input type="checkbox"/> Temporary cutin:	_____
<input type="checkbox"/> Rough:	_____	<input type="checkbox"/> Final:	_____
<input type="checkbox"/> Other:	_____		
Total fee:	\$ _____		

I, the undersigned, hereby attest that the information given on this permit application is correct to the best of my knowledge. If any changes are made during construction, I will notify the proper authorities.

OWNER/CONTRACTOR: _____ DATE: _____

ELECTRICAL INSPECTOR: _____ DATE: _____