

**AVERY COUNTY INSPECTIONS DEPARTMENT**

**P.O. BOX 596  
NEWLAND, NC 28657  
TELEPHONE: (828) 733-8204  
FAX: (828) 733-7003**

**ELECTRICAL PERMIT APPLICATION**

**OWNER'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TOWNSHIP:** \_\_\_\_\_

**PROJECT INFORMATION:**  
**LOCATION OF PROJECT:** \_\_\_\_\_

**DESCRIPTION OF WORK:** \_\_\_\_\_

**SIZE OF ELECTRICAL SERVICE:** \_\_\_\_\_ **AMPS**

**TEMPORARY SERVICE EXPIRES** \_\_\_\_\_ **DAYS (IF APPLICABLE)**

**PERMANENT SERVICE** **CURRENT SEWER APPROVAL DATE:** \_\_\_\_\_

**COST OF PROJECT:** \$ \_\_\_\_\_

**N.C. ELECTRICAL CONTRACTOR:** \_\_\_\_\_

**N.C. LICENSE NO.** \_\_\_\_\_

**FEE:** \_\_\_\_\_ **PAID:** \_\_\_\_\_

**OWNER/CONTRACTOR** \_\_\_\_\_

**DATE** \_\_\_\_\_

**COUNTY OF AVERY**  
**BUILDING INSPECTIONS DEPARTMENT**  
**AVERY COUNTY COURTHOUSE ANNEX**

P.O. Box 596  
Newland, NC 28657

(828) 733-8204  
Fax: 733-7003

**ELECTRICAL CONTRACTOR LICENSE CHECK & REGULATION SHEET**

**ELECTRICAL CONTRACTOR INFORMATION**

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

N.C. STATE LICENSE NUMBER: \_\_\_\_\_

**PROJECT INFORMATION**

PROPERTY OWNER: \_\_\_\_\_

LOCATION OF JOB: \_\_\_\_\_

BUILDING OR UNIT NO: \_\_\_\_\_

I, the undersigned, have read and understand the General Statutes pertaining to electrical contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibility and liability of an electrical contractor upon this project. If I resign or am no longer affiliated with this said project, I will notify the Department of Inspections in Avery County immediately by phone or in person and in writing within three (3) working days.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 199\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

My commission expires: \_\_\_\_\_.