

Permit # _____

Swansboro Inspection Department
601 W. Corbett Ave.
Swansboro

Telephone: 910.326.4428

FAX: 910.326.3101

Generator Application

Owner Name: _____ Cell Phone: _____

Owner Address: _____ City _____ State _____ Zip _____

Job Address (physical): _____

Electrical Contractor: _____ Lic. # _____

Mailing Address: _____

Cell # _____ Email: _____

Project Cost: \$ _____ Type of Work (circle one) New or Repair

List Work _____

Size of Service AMPS: _____ Phase Service _____

Power Company Provider: _____

Mechanical/ Fuel Gas Contractor: _____ Lic. # _____

Mailing Address: _____

Cell # _____ Email: _____

Project Cost: \$ _____ Type of Work (circle one) New or Repair

List Work _____

Any work that fails inspection requires a \$60 reinspection fee. The fee must be paid PRIOR to reinspection.

Any work that begins without a permit will pay double fee

I certify that all information in this application is correct, and all work will comply with state and local codes, laws, and ordinances. The inspection department will be notified of any changes prior to work.

Owner/Agent Signature _____ Date _____

Email this application to Jackie Stevens: jstevens@ci.swansboro.nc.us

***** Town Use Only *****

ETJ _____ Town _____ Zoning _____ Flood _____ Historic District _____

Building Inspector _____ Town Planner _____ Permit Fee: \$ _____