

SWANSBORO INSPECTION DEPARTMENT  
601 W. CORBETT AVE.  
SWANSBORO, NC 28584

Telephone (910) 326-4428

Fax (910) 326-3101

GENERATOR APPLICATION

PERMIT # \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

OWNER ADDRESS (mailing) \_\_\_\_\_

JOB SITE ADDRESS (physical) \_\_\_\_\_

ELECTRICAL CONTRACTOR \_\_\_\_\_ LIC. # \_\_\_\_\_

ADDRESS (mailing) \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

PROJECT COST \$ \_\_\_\_\_ TYPE OF WORK IS (circle one) NEW or REPAIR

LIST WORK \_\_\_\_\_

Size of Service AMPS \_\_\_\_\_ Phase Service \_\_\_\_\_

POWER COMPANY PROVIDER \_\_\_\_\_

MECHANICAL CONTRACTOR \_\_\_\_\_ LIC. # \_\_\_\_\_

ADDRESS (mailing) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

PROJECT COST \$ \_\_\_\_\_ TYPE OF WORK IS (circle one) NEW or REPAIR

LIST WORK \_\_\_\_\_

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 \_\_\_\_\_

\*\*\*\*\*TOWN USE ONLY\*\*\*\*\*

ETJ \_\_\_\_\_ TOWN \_\_\_\_\_

ZONING \_\_\_\_\_ FLOOD \_\_\_\_\_ HISTORIC DISTRICT \_\_\_\_\_

PERMIT FEE \$ \_\_\_\_\_