

Swansboro Inspection Department
601 W. Corbett Ave.
Swansboro

Permit # _____

Telephone: 910.326.4428

FAX: 910.326.3101

Electrical Permit Application

Owner Name: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Job Address: (physical): Street _____

City: _____ State: _____ Zip: _____

Directions to property: _____

Contractor Name: _____ Cell #: _____ License # _____

Mailing Address: Street _____

City: _____ State: _____ Zip: _____

Email: _____

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

List Work Requested: _____

Size of Service AMPS: _____ Phase Service: _____

Power Company Provider: _____

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 Linda Stegall: lstegall@ci.swansboro.nc.us

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

ETJ _____ Town _____ Zoning _____ Flood _____ Historic District _____

Permit Fee: \$ _____