



LLE

ELECTRICAL PERMIT APPLICATION

BUILDING and NEIGHBORHOOD SERVICES

615-794-7012 Office 615-591-9066 Fax

GENERAL INFORMATION

Subdivision: _____ Lot #: _____ Building Permit #: _____

Project Address: _____ Suite/Unit #: _____

Project Name: _____ Residential _____ Commercial

Property Owner/General Contractor: _____

Property Owner's/General Contractor's Phone Number: _____

CONTRACTOR INFORMATION

CE Contractor: _____

State License CE#: _____

Street Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Office phone: _____ Cell Phone: _____ Fax: _____

CHECK ALL THAT APPLY

\$ _____ **CONTRACT AMOUNT (Include Materials and Labor, less than \$25,000)**

- | | |
|---|---|
| <input type="checkbox"/> Service Size (Amps) _____ | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Service Entrance (over 1000 amps) | <input type="checkbox"/> Temporary Svc Size _____ |
| <input type="checkbox"/> Change of Service | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> 90 Day Service Release (under 1000 amps) | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Rough-In | <input type="checkbox"/> Central Vacuum |
| <input type="checkbox"/> Addition of Fixtures or Equipment | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Special Event | <input type="checkbox"/> Occupancy Final |
| <input type="checkbox"/> Final | |

BNS OFFICE USE ONLY

PERMIT # _____

FEES \$ _____

Water Heater Gas Electric Type of Heat Gas Electric

Narrative of Scope of Work

Signature: _____ **Date:** _____

Note: Applications can be emailed to cofpermitapp@franklintn.gov. Incorrect or incomplete information may result in permit revocation.