

PICKENS COUNTY, GEORGIA

Building Inspections Department
TEMP TO PERM CONSTRUCTION POWER
and ELECTRICAL AFFIDAVIT

Ready for Temp to Perm Service Hookup

Will Call for Temp to Perm Service Hookup

BUILDING PERMIT # Subdivision/Lot #

PROPERTY OWNER'S NAME:

JOB SITE ADDRESS

Temporary Construction Power is hereby authorized on the electrical service conductors and service switch located at above mentioned address for a period of ninety (90) days.

By applying for this temporary construction power permit, the applicant hereby assumes all responsibility and liability for use of electricity within the building during this period.

The Certificate of Occupancy must be picked up and paid for before permanent power can be released.

NOTE: AN APPROVED FINAL INSPECTION AND CERTIFICATE OF OCCUPANCY IS NECESSARY BEFORE RESIDENCY IS ALLOWED. RESIDENTIAL OCCUPANCY IS NOT ALLOWED IN CONJUNCTION WITH TEMPORARY CONSTRUCTION POWER.

Pickens County and its building inspectors are hereby relieved from any liability, damage, or loss associated with connection or disconnection of this temporary service.

Please Print Name of Contractor / Homeowner Name (Who applied for power) Date

Signature (Required)

Street Address, City, State, Zip

Current Phone, Cell Number or Pager Number (Required)

NOTICE: THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED TO THE BUILDING INSPECTIONS DEPARTMENT AT LEAST 24 HOURS PRIOR TO REQUESTING A ROUGH INSPECTION.

THIS IS TO CERTIFY THAT I AM RESPONSIBLE FOR THE ELECTRICAL. PLEASE CHECK BELOW THE TYPE OF LICENSE YOU HOLD AND ARE USING FOR THIS PARTICULAR JOB:

- ELECTRICAL CONTRACTOR CLASS I (RESTRICTED TO SINGLE-PHASE, NOT EXCEEDING 200 AMPS)
ELECTRICAL CONTRACTOR CLASS II (UNRESTRICTED)

IN THE EVENT OF ANY CHANGE IN MY STATUS ON THIS INSTALLATION, I UNDERSTAND THAT I WILL BE HELD RESPONSIBLE FOR THIS JOB UNTIL BUILDING INSPECTIONS HAS BEEN NOTIFIED IN WRITING OF ANY CHANGE.

Electrical Contractor's Statement:

The service equipment for the above referenced job location has been installed in accordance with all applicable codes. Pickens County Inspections Department will notify the service conductor for service to be switched.

SIGNATURE: DATE:

PLEASE PRINT NAME:

County Business License Registered With:

Business License Number: Expiration Date

State License Number: Expiration Date

Company Name:

Company Street Address:

City, State, Zip Code:

Business Phone/Cell Phone: