

Electric Permit # \_\_\_\_\_ Payment Check # \_\_\_\_\_ Date \_\_\_\_\_

Building Permit # \_\_\_\_\_ Payment Cash \_\_\_\_\_ Amount Paid \_\_\_\_\_

### NELSON COUNTY CODE ENFORCEMENT ELECTRICAL PERMIT

One Court Square • P.O. Box 578

Phone: (502) 348-1862

Bardstown, KY 40004

Fax: (502) 348-1897

APPLICATION FOR ELECTRICAL INSPECTION			
Electrical Contractor			
Address			
City			
State	Zip	Phone	
Electrician or Applicant Name		Phone	
Job Site Street & Lot #			
Owner		Phone	
Address			
City	State	Zip	

#### PROOF OF LIABILITY INSURANCE

Insurance Co. Name	Agent Name	Phone

#### DETAILED INFORMATION

Application Type CHECK ONLY ONE (1)	<input type="checkbox"/> ONE OR TWO FAMILY
	<input type="checkbox"/> MULTIFAMILY (OVER TWO(2) FAMILY)
	<input type="checkbox"/> COMMERCIAL
	<input type="checkbox"/> TRAILER OR MOBILE HOME Modular Home

INSTALLATION TYPE: CHECK ONLY ONE (1)	<input type="checkbox"/> NEW BUILDING
	<input type="checkbox"/> EXISTING BUILDING
	<input type="checkbox"/> Replacing existing service in existing building.
	<input type="checkbox"/> Installing a new/additional service(s) in an existing building.
	Number of Amperes: _____
	<input type="checkbox"/> TEMPORARY SERVICE (POLE)

NUMBER OF INSPECTIONS REQUESTED _____
COMMERCIAL ESTIMATED COST OF ELECTRICAL PROJECT \$ _____
<b>TYPE OF WORK TO BE PERFORMED &amp; SPECIAL INSTRUCTIONS</b>
Example: Service change, room addition, garage, repairs, mobile homes, etc.

I do also hereby certify and state, pursuant to KRS 198.060 (10) that all contractors and subcontractors that are employed on any activity covered by this permit shall be in compliance with the Commonwealth of Kentucky's requirements of workers compensation insurance (KRS chapter 342) and unemployment insurance (KRS Chapter 341).

I hereby certify that I have read the above statements carefully and understand my obligations. I do hereby release the Nelson County Department of Code Enforcement of any liability for my failure to meet the obligations stated above.

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_

Master License # \_\_\_\_\_

Contractor License # \_\_\_\_\_