

Greenville County

Greenville County Square
301 University Ridge, Suite 4100, Greenville SC 29601-3686
Phone (864) 467-7060
permits@greenvillecounty.org

ELECTRICAL PERMIT APPLICATION FOR RESIDENTIAL

Date: _____ Property Owner's Name: _____ Phone No: _____
Exact Address of Property: _____ City: _____ State/Zip: _____
Subdivision Name: _____ Tax Map No: _____
Tenant/Business Name: _____

PLEASE LIST ANY EXISTING OR ACTIVE PERMIT NUMBERS: _____

ELECTRICAL CONTRACTOR

Name: _____ License No: _____ Exp. Date: _____
Mailing Address: _____ City: _____ State/Zip: _____
Phone No: _____ Mobile No: _____
Email: _____

Bid Amount of Job \$ _____

Are you a Sub-contractor to the Builder? Yes ___ No ___ Are you contracted by the Owner? Yes ___ No ___

PERMIT INFORMATION

PROVIDE NAME OF POWER CO. _____

Fee Schedule	
New Service:	No. of AMPS: _____ (100 AMP minimum)
	No. Of Branch Circuits: _____
<input type="checkbox"/> Panel replacement <input type="checkbox"/> Meter Replacement <input type="checkbox"/> Move/Relocate Meter <input type="checkbox"/> Rewire <input type="checkbox"/> Re-energize Service: Includes Entire Electrical System <input type="checkbox"/> Generator _____ Number of kw: <input type="checkbox"/> Solar Panels _____ Number of kw: <input type="checkbox"/> Other, provide description:	Notes – Description of Project:
Service Change, Upgrade:	No. of AMPS: _____ (100 AMP minimum)
	No. Of Branch Circuits: _____

EXACT DIRECTIONS TO JOB SITE FROM MAIN RD: _____

The applicant hereby certifies and agrees as follows: 1) That he/she is authorized to make this application; 2) That he/she has read the above information and it is true and correct; 3) That he/she will comply with all County of Greenville ordinances, laws and regulations, all State and Federal Laws and regulations regulating the use of land and structures and the construction of structures; 4) That he/she will perform only the work outlined above at the property indicated above; 5) That he/she grants the right of entry to the property to the Building Official or employees of the County of Greenville for the purpose of inspections, and posting of notices. If any of the information supplied by the owner and/or owner's agent is incorrect, the permit may be revoked.

THIS PERMIT WILL BECOME INVALID WITHIN 6 MONTHS FROM DATE OF ISSUE IF: WORK HAS NOT COMMENCED, IF AN INSPECTION HAS NOT BEEN REQUESTED, OR IF WORK HAS BEEN SUSPENDED FOR A PERIOD OF 6 MONTHS.

This permit is permission to proceed with construction and shall not be construed as authority to violate, alter or set aside any of the provisions of the Building Code and any other applicable laws or ordinances, nor shall the issuance of this permit prevent the Building Official from requiring correction of errors in construction documents or of violations of the Building Code of the County of Greenville, South Carolina.

DATE: _____ BY OWNER OR AUTHORIZED AGENT: _____

PRINT NAME: _____

OFFICE USE ONLY

Permit#: _____ Employee Initials: _____ Cost of Permit: \$ _____