

ELECTRICAL PERMIT # _____

JURISDICTION OF THE CITY OF MADISONVILLE

Applicant to complete numbered spaces only.

Job Address _____

Legal Description	Blk. No.	Tract		
Owner	Mail Address	Zip	Phone	
Contractor	Mail Address	Zip	Phone	
Architect or Designer	Mail Address	Zip	Phone	
Engineer	Mail Address	Zip	Phone	

Use of Building _____

Class of Work: New Addition Alteration Repair Move Remove

Describe Work: _____

Special Conditions: _____

Application Accepted by Plans Checked by Approved for Issuance by

NOTICE	PERMIT FEES		
	No.	Each	Fee
This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.	Receptacle	___	___
	Light	___	___
	Switch	___	___
	Lighting Fixtures	___	___
	Ranges, Dryers, Heater	___	___
	Gb. Disp., Cook top	___	___
	Dish Wash-Clo Wash	___	___
	Space Htr, Appliance	___	___
	Motors-H.P.	___	___
	Signs	___	___
	Temp Power	___	___
	Service	___	___
	New Used	___	___
	Permit Issuing Fee	___	___
Total Fee	___	___	

Signature of Contractor or Agent Date

Signature of Owner(If Owner Builder) Date

Amount Paid _____
 Check or Cash _____
 Check Number _____
 Receipt Number _____
 Date of Payment _____
 Clerk's Initials _____