

**County of Lee
Department of Building Inspection**

Application for Electrical Service Permit

Owner's Name: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____

Contractor _____

Address _____

City _____ State _____

Zip Code _____

Telephone _____

Contractor's Registration # _____

Type of Work Being Performed: _____

Building Use _____

Residential _____ Commercial _____

Location Specifications

Estimated Cost _____

Application is hereby made for an Electrical permit in accordance with the description and for the purpose herein set forth. This application is made subject to all County and/or Town, State Laws, Ordinance, Rules and Regulations now in force, affecting or relating thereto and which shall be agreed to by the undersigned applicant and which shall be deemed a condition entering into the exercise of the permit.

Applicant's Signature _____

Date _____