



City of Lake City  
 Codes Department  
 202 Kelly Street (PO Box 1329)  
 Lake City, S.C. 29560  
 843-374-5421 (Option 6)

# Electrical Permit Application Commercial

## General Info

1. **Nature of Use:**  Commercial  Residential  Other: \_\_\_\_\_

2. **Nature of Work:**  New Installation  Addition  Alteration  Repair-Renovation **Project Title:** \_\_\_\_\_

3. **Project Address/Location:** \_\_\_\_\_

**Legal Description:** (Lot, Block, Map Number) \_\_\_\_\_

**Proposed Use:** \_\_\_\_\_

**Valuation (Material & Labor) \$** \_\_\_\_\_ **Utility Provider:**  PE  SEC

**Description of Work:** \_\_\_\_\_

## Owner/Permit Holder Info

5. **Property Owner:** \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

6. **Applicant Name:** *Check one*  Property Owner  Authorized Agent of Property Owner

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## Contractor Info

7. **Contractor Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

State License No.: \_\_\_\_\_

I understand the following:

1. All subcontractors are required to be properly licensed or registered in accordance with state law.
2. The permit card must be posted in a conspicuous place on the premises and a means of personnel toilet facilities provided on site.
3. Permit is void if work is not started within six months from date of issuance. Permit is void if work is abandoned for a six month period.
4. The undersigned owner or agent understands that the approval of this application does not constitute a privilege to violate any applicable government ordinances, codes, or laws and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration or change from this application shall constitute grounds for the revocation of any permit issued which was based on the approval of this application.

Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Staff Use Only

Date \_\_\_\_\_ Permit Number \_\_\_\_\_ Permit Amount: \$ \_\_\_\_\_

Zoning Approval \_\_\_\_\_ Zoning Jurisdiction \_\_\_\_\_ Zoning District \_\_\_\_\_

FHM (Flood) \_\_\_\_\_ Plan Examination \_\_\_\_\_ Fire Department \_\_\_\_\_

Part I (Must be completed for all permits/approvals)