ELECTRICAL PERMIT APPLICATION

CITY OF OLIVE BRANCH
9200 PIGEON ROOST ROAD
OLIVE BRANCH, MS 38654

RECEIPT # _____
CHECK # _____
CASH _____

SUBDIVISION _____ LOT # _____ NEW ____ ADDITION _____

CONTRACTOR: _____ LICENSE # _____

ADDRESS: _____ PHONE # _____

_____ PHONE # _____

JOB SITE (OWNER) _____ PHONE # _____

JOB SITE (ADDRESS) _____

RESIDENTIAL _____ COMMERCIAL/INDUSTRIAL _____ OTHER _____

I, THE UNDERSIGNED CONTRACTOR, UNDERSTAND THAT I AM RESPONSIBLE FOR ANY DAMAGES INCURRED WHILE DIGGING, IF I HAVE NOT CONTACTED MS-ONE-CALL AT 1-800-227-6477 TO HAVE LINES LOCATED BEFORE WORK IS BEGUN.

I, THE UNDERSIGNED, CERTIFY THAT THE DESCRIBED WORK LISTED ON THIS PERMIT IS TRUE AND CORRECT. I ACKNOWLEDGE THAT ANY PERMIT GRANTED ON THE REPRESENTATION HEREIN MADE MAY BE REVOKED AT ANY TIME, WITHOUT NOTICE, ON A BREACH OF REPRESENTATION OR VIOLATION OF THE ELECTRICAL CODES.

CONTRACTOR SIGNATURE _____ DATE _____

BY _____

		UNITS	X	RATE	=	FEES
RESIDENTIAL						
NEW	**SERVICE AMPS**		X	$ .50	=	
ADDITIONS / RENOVATIONS	**SERVICE AMPS ADDED**		X	$ .50	=	
	EACH ADDED CIRCUIT		X	$ 10.00	=	
	ADD TO EXISTING CIRCUIT		X	$ 25.00	=	
COMMERCIAL / INDUSTRIAL						
NEW	**SERVICE AMPS**		X	$ 1.00	=	
ADDITIONS / RENOVATIONS	**SERVICE AMPS ADDED**		X	$ 1.00	=	
	EACH ADDED CIRCUIT		X	$ 20.00	=	
	ADD TO EXISTING CIRCUIT		X	$ 50.00	=	
MINUMUM FEE			X	$30.00		
		RECORDING FEE			=	$ 1.00
		TOTAL FEES DUE				