



IREDELL COUNTY DEVELOPMENT SERVICES

PO BOX 788 - STATESVILLE NC 28687

349 N CENTER ST / BUILDING STANDARDS CENTER

Central Permitting: 704-878-3113

Commercial Plans: 704-928-2021

Fax: 704-878-3171

www.co.iredell.nc.us

Fax: 704-878-3122

TEMPORARY POWER PERMIT APPLICATION

I/We, the undersigned, request temporary electrical power for construction purposes only.

Application /
Project #: _____ CID/EFT#: _____ Date: _____

Contractor or
Owner: _____ Contact #: _____

Project Address: _____

Parcel Identification #: _____

Applicant: _____ Contact #: _____

Email address: _____ Fax #: _____

Address: _____

Portions of the electrical system to be energized are limited to LIGHTS, EQUIPMENT AND OUTLETS PROTECTED BY GFCI (ground fault circuit interrupters).

The Code Enforcement Department shall have the electricity disconnected in case of a hazard, illegal occupancy of the building, or the inability, caused by others to make proper inspections. The Code Enforcement Department reserves the right to have the power disconnected for violation of the above without prior notice to the owner or their agent. The applicant has secured written permission from the other contractor's involved in this project and they are aware that power is being connected to this building.

Temporary power is issued for thirty (30) days only. Temporary power may be extended for thirty (30) day intervals, if justified, for an additional fee per extension. It is the owner/applicant's responsibility to apply for an extension. Temporary power, which has not been extended, will be disconnected without further notice (per section 308.2 of the NC Administrative & Enforcement Code).

BY MY SIGNATURE BELOW I CERTIFY I HAVE READ, UNDERSTAND, AND AGREE WITH THE CONDITIONS OUTLINED HEREIN, AND IF DISCONNECTION OCCURS DUE TO MY NON-COMPLIANCE I AUTHORIZE THE INSPECTION DEPT. AND THE SERVING UTILITY TO DISCONNECT THE POWER AND HOLD THEM HARMLESS FROM ANY DAMAGES WHICH MAY RESULT FROM THEIR ACTIONS. IN ADDITION I CERTIFY THAT I AM THE OWNER OR THEIR AUTHORIZED AGENT.

Applicant: (print) _____

(signature) _____