



# CITY OF ANDERSON

## *Electrical Permit Application*

### Department of Municipal Development

120 East Eighth Street • Anderson, Indiana 46018

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Donna Campbell: (765) 648-6060

**Thomas J. Broderick, Jr. Mayor**

♦ *Incomplete Applications Will Not Be Processed* ♦ *Permit Valid for One Year* ♦

#### 1. LOCATION OF CONSTRUCTION ACTIVITY

Address: \_\_\_\_\_

Lot: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Overhead Service     Underground Service

#### 2. PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

#### 3. INDICATE USE OF STRUCTURE

- Residential (Single Family)     Duplex  
 Commercial     Industrial/Warehousing     Agricultural  
 Multi-Family     Pre-manufactured     Other \_\_\_\_\_

#### 4. CONTRACTOR INFORMATION

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Registered Contractor:  Yes     No    # \_\_\_\_\_

Contact Person: \_\_\_\_\_

Immediate Contact Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

*I certify the information on this form is complete and accurate and I have the legal and or contractual authority to perform this work.*

\_\_\_\_\_  
Date: \_\_\_\_\_

#### 5. NATURE OF WORK TO BE CARRIED OUT

Start Date: \_\_\_\_\_ Completion: \_\_\_\_\_

- New Installation     Meter Base & Riser     Temporary Pole  
 Replacement Installation     Alteration Installation

#### 6. TYPE OF SERVICE

#### 7. TYPE OF SYSTEM

Electrical Power Distribution System

Voltage Required: \_\_\_\_\_

Number of Panel and Subpanel Boxes: \_\_\_\_\_

Total Size of Amps: \_\_\_\_\_ Number of Circuits: \_\_\_\_\_

LN. FT. Bus Bar & AMPS: \_\_\_\_\_

Electrical connection to a moved structure or industrialized building system.

Number of Panel Boxes? \_\_\_\_\_ Voltage Required \_\_\_\_\_

Total Size of Amps: \_\_\_\_\_ Number of Circuits: \_\_\_\_\_

Construction or Sales Trailer     Manufactured Home

Mobile Home     Manuf. Unit for \_\_\_\_\_

Change of Electrical Service

\_\_\_\_\_ Amps to \_\_\_\_\_ Amps

\_\_\_\_\_ Voltage to \_\_\_\_\_ Voltage

Number of New Circuits: \_\_\_\_\_

Temporary Service: Size: \_\_\_\_\_ Cost: \_\_\_\_\_

Plans Attached     Other \_\_\_\_\_

Has Service Request been approved by AP&L Engineering

Total Cost of Electrical Job \_\_\_\_\_

#### 8. ADDITIONAL DETAILS

A. Is there a Structural Building Permit Already Issued?

Yes     No    Bldg. Sq. Ft.: \_\_\_\_\_

B. State Plan Release:  Yes     No

C. General Contractor Name: \_\_\_\_\_

D. Contact Info: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Application Approved     Application Denied

Date Approved: \_\_\_\_\_ Initials: \_\_\_\_\_

Special Conditions \_\_\_\_\_