

-APPLICATION FOR ELECTRICAL PERMIT (Home Owner)

Northern Kentucky Area Planning Commission 2332 Royal Drive, Ft. Mitchell, KY P) 859-957-2408 F) 859-331-8987

Please type or print

Owner name:	
Address:	
City, State, ZIP:	
Phone:	Fax:
Email:	

*Inspection location must be the same as the homeowner address to use this application.

Indicate the amperage of the new/existing service entrance: _____

Estimated cost: \$ _____

Is construction temporary service requested: Yes No

Please check all that apply:

Air cond. wiring		Bathroom wiring		Circuits added		Const. temp.		Dining room wiring	
Field Consultation		Garage		Heating wiring		Kitchen wiring		Lower level	
Overhead wiring		Pool wiring		Room remodel		Rough-in		Service upgrade	
Underground wiring									

Description of proposed activity and/or use: _____

Utility company (Required to check one): Duke Owen County Cooperative

No work shall be started until proper permits have been issued. Fees are non-refundable. All actions taken in connection with this application are based on the representations by the applicant that the submitted information and attachments are correct and accurate and the burden of proof of its correctness and accuracy is the responsibility of the applicant. The applicant is responsible for meeting all requirements of the National Electric Code and/or the Kentucky Building Code.

Owner or Authorized Agent (Signature): _____ Date: _____

Owner or Authorized Agent (Please print): _____ Date: _____

APPLICATION FOR ELECTRICAL PERMIT (Home Owner) continued

	OH	UG	Volts	Amps	Wire size	Main breaker	# of meters	Release to power company --Inspectors only—Date below
Const. temp								
Permanent Ser								

Circuit type	# of circuits	Conductor size	Circuit type	# of circuits	Conductor size
Air cond. unit(s)			Hot tub(s)		
Blower motor			Ovens/cooktops		
Dishwasher			Pools		
Disposal			Small appliances		
Dryer			Washer		
Electric furnace			Water heater		

----- *To be completed by Administrative Official* -----

Application #: _____		Date Received: _____		
Date: _____	Electric Fee: _____	App.	App. With Conditions	Disapp.
Cash Paid: _____	Total: _____	Electric	_____	_____
Check #: _____		Permit Issued:	_____	

Signature of Administrative Official: _____