



Instructions for submitting building permits online:

This application includes fillable form fields for your convenience prior to printing.

Applicant to complete number spaces only.

The application will not be accepted unless either of the signature fields are complete and permit fees included.

The application can be mailed to:

City of Clarkesville
PO Box 21
Clarkesville GA 30523

Or dropped off at:

City of Clarkesville
123 N Laurel Drive
Clarkesville GA 30523

ELECTRICAL PERMIT

City of Clarkesville, Georgia

Applicant to complete numbered spaces only.

Permit No. E26-

JOB ADDRESS			
LEGAL 1 DESCR.	LOT NO.	BLK	MAP & PARCEL NO.
OWNER 2		MAIL ADDRESS	ZIP PHONE
CONTRACTOR 3		MAIL ADDRESS	REGISTRATION NO./EXP. DATE
PHONE NUMBERS 4		OFFICE	CELL
ARCHITECT OR DESIGNER 5		MAIL ADDRESS	PHONE REGISTRATION NO.
ENGINEER 6		MAIL ADDRESS	PHONE
USE OF BUILDING 7			
8 Class of work: ☐ NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIR			
9 Describe work:			

SPECIAL CONDITIONS: APPLICATION ACCEPTED BY _____ PLANS CHECKED BY _____ APPROVED FOR ISSUANCE BY _____		PERMIT FEES			
			No.	Each	Fee
		RECEPTACLE	Total Outlets		
		LIGHT			
		SWITCH	Total Fixtures		
		LIGHTING			
		FIXTURES			
		RANGES CLO. DRYER WTR. HTR.			
		GARBAGE DISP. STA. COOK TOP			
		DISH WASH. CLOTHES WASH.			
		SPACE HTR. STA. APPL. ½H.P. MAX.			
		SIGNALS			
		NO. TRANS.			
		NO. LAMPS			
		TEMP. POWER ☐ POLE ☐ UNDGD.			
		SERVICE			
		0-200A			
		201-400A			
		401-600A			
		OVER 600A			
		PERMIT ISSUING FEE			
		TOTAL FEE			
		\$			
		\$			

NOTICE

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)

SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH

Office Use only: Please print 4 copies. Original - Inspector | 2 - City Clerk | 1 - Construction Book | 1 - Applicant