



APPLICATION FOR ELECTRICAL PERMIT

Town of Cape Charles Building Department
Municipal Building
2 Plum Street
Cape Charles, VA 23310
(757) 331-2176 Fax (757) 331-4820
codeofficial@capecharles.org

PLEASE FILL OUT FORM COMPLETELY

Date _____

Building Permit Number: _____

(IF APPLICABLE)

A permit is hereby requested to install the following electrical work at:

Street address: _____

Owner Name & Mailing Address: _____

Owner Phone #: _____

Builder: _____ Builder Phone #: _____

Building: New Existing Addition Moved
Building Type: Residential Commercial

Please check off items to be done below:

Temporary Pole	Amps	Trailer Repair	
Trailer Service	Amps	Service Entrance Cable	
New Service 1 Phase	Amps	Transfer Switch	
New Service 3 Phase	Amps	Panel Replacement	
House Meter 1 Phase	Amps	Meter Replacement	
House Meter 3 Phase	Amps	Overhead to Underground	
Boat Slip	Amps	Underground to Overhead	
Traffic Signal	Amps	Rough in Under Shell	
Portable Classroom	Amps	Fault current Information	
Permanent Temp Pole	Amps	Generator Circuit	
Multiple Units		Subfed Panel	
Pool Bonding		Seasonal Pool	
Base Board Heat		Panel Addition	
		Duct Bank	
		Conduit	

Reconnect required: Commercial Residential

Wiring: Indicate the **number** and **size** on circuits being installed, repaired or extended:

0-30 amp circuit _____ 31-60 amp circuit _____
61-100 amp circuit _____ 101-200 amp circuit _____
Over 200 amp circuit _____ (indicate size) _____

Additional Information: _____

Applicant's Company Name: _____

State Registration # (Class A, B or C): _____

Email Address: _____ Fax #: _____

(Certified Master Tradesman) Signature: _____

Print Name: _____

Contract Value \$ _____ Fee \$ _____ **APPROVED BY:** _____

I understand this permit is granted only for the work shown and described in this application.

Any falsification, misrepresentation or misleading information given VOIDS this permit.