



# Greene County Building Inspection Division

## RESIDENTIAL ELECTRICAL PERMIT

BUILDING PLANNING & ZONING  
706-453-3333  
fax 706-453-2579  
1034 Silver Dr  
Suite 103  
M-F 8am-5pm

Chuck Wooley Building Official    Renee' Criswell Office Manager    Jamie Brantley Permit Clerk    Brad Cherry Building Inspector    Scott Allen Code Enforcement

1034 Silver Dr., Ste 103, Greensboro, GA 30642 Telephone 706-453-3333 www.greencountyga.gov

### OFFICE USE ONLY

Permit # \_\_\_\_\_ Fee \_\_\_\_\_ Date \_\_\_\_\_

**TOTAL AMPS** \_\_\_\_\_

≤400 amps: \$50

>400 amps: \$100 + \$0.20 per amp over 400 amps

### PROPERTY INFORMATION:

Address of project: \_\_\_\_\_ City: \_\_\_\_\_ GA Zip: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Parcel: \_\_\_\_\_

### OWNER INFORMATION

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ GA Zip: \_\_\_\_\_

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

### CONTRACTOR INFORMATION

*(Copy of business license and certification card if applicable must be provided.)*

Name of Company: \_\_\_\_\_

Main Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ GA Zip: \_\_\_\_\_

Business License # \_\_\_\_\_ State License # \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### WORK PERFORMED

New Service.....Number of Amps: \_\_\_\_\_

Rewire.....Number of Amps: \_\_\_\_\_

Reconnection.....Number of Amps: \_\_\_\_\_

Service Change.....Number of Amps: \_\_\_\_\_

Swimming Pool.....Number of Amps: \_\_\_\_\_

Dock.....Number of Amps: \_\_\_\_\_

Other.....Number of Amps: \_\_\_\_\_

### ENTRANCE CABLE *(check if applicable)*

Replace with same size

Upgrade wire size

Replace weather head

### POWER COMPANY

Rayle EMC

Walton EMC

Georgia Power

### SWITCH PANEL/DISCONNECT BREAKER *(check if applicable)*

Replace with same size

Upgrade

Change from fuse type to breaker panel

Wire in outside disconnect to existing meter base

### METER BASE *(check if applicable)*

Replace with same size

Upgrade

Relocate

Convert from overhead to underground

Convert from single phase to three phase

Change to meter base/disconnect combination

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_