



# ELECTRICAL PERMIT APPLICATION

Department of Community Development and Code Compliance  
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OFFICE USE ONLY	
APPLICATION #:	
PERMIT #:	
MASTER PERMIT #:	

PROJECT INFORMATION

WHAT TYPE OF WORK IS TO BE PERFORMED (PLEASE CHECK):  RESIDENTIAL  COMMERCIAL

CHECK ONE:  NEW  ADDITION  ALTERATION  REMODEL/REPAIR  OTHER

APPLICATION IS FOR THE INSTALLATION OF A RESIDENTIAL GENERATOR?:  NO  YES (SEE GENERATOR CHECKLIST)

IF YES: GENERATOR SIZE (KW): \_\_\_\_\_ ATS SIZE (AMPS): \_\_\_\_\_ FUEL TYPE: \_\_\_\_\_ TANK REQUIRED?  YES  NO

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE ELECTRICAL WORK TO BE COMPLETED:

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<input type="checkbox"/> TEMPORARY POLE PERMIT	<input type="checkbox"/> SERVICE UPGRADE PERMIT	<input type="checkbox"/> MOBILE HOME CONNECTION
	FROM _____ AMPS	
SERVICE SIZE: _____ AMPS	TO _____ AMPS	SERVICE SIZE _____ AMPS

POWER COMPANY:  PRINCE GEORGE ELECTRIC CO-OP  DOMINION VIRGINIA POWER

IF THIS IS (1) A COMMERCIAL ELECTRIC OR (2) A RESIDENTIAL ELECTRICAL SERVICE GREATER THAN 200 AMPS, A FAULT CURRENT LETTER IS REQUIRED PRIOR TO SCHEDULING THE CURRENT RELEASE INSPECTION.  
 \*THE POWER COMPANY MAY REQUIRE A WORK REQUEST. PLEASE CONTACT THE POWER COMPANY FOR WORK REQUESTS\*

ALL RESIDENTIAL NEW CONSTRUCTION PERMITS MUST PROVIDE SQUARE FOOTAGE:	FINISHED SQUARE FEET:	UNFINISHED SQUARE FEET:
WHAT IS THE ESTIMATED COST OF ELECTRICAL WORK ONLY (MATERIALS AND LABOR)? DO NOT INCLUDE THE COST OF OTHER WORK IN THIS ESTIMATE	ESTIMATED COST: \$ _____	
JOB ADDRESS (STREET #/STREET NAME OR SUBDIVISION):	PARCEL ID #:	
BUILDING/SHOPPING CENTER NAME AND TENANT NAME (IF APPLICABLE):		

CONTACTS

PLEASE NOTE: ALL CORRESPONDENCE WILL BE MADE BY EMAIL UNLESS OTHERWISE SPECIFIED

OWNER'S NAME:	PHONE #:
PLEASE NOTE: IF THE PROPERTY OWNERSHIP HAS RECENTLY CHANGED, YOU MAY BE ASKED TO PROVIDE A COPY OF THE DEED	
CONTRACTOR NAME:	DPOR LICENSE #:
CONTRACTOR ADDRESS:	CONTRACTOR PHONE #:
PRIMARY CONTACT FOR CORRESPONDENCE (NAME):	EMAIL:
	PHONE #:

APPLICANT

**LICENSED CONTRACTOR:** IF YOU ARE APPLYING FOR THIS PERMIT AND YOU ARE THE CONTRACTOR LISTED ON THIS APPLICATION, PLEASE COMPLETE THE APPLICANT SECTION BELOW

**CONTRACTOR'S AGENT:** IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE CONTRACTOR LISTED ON THIS APPLICATION, YOU WILL BE REQUIRED TO PROVIDE **PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE CONTRACTOR'S AGENT**

**OWNER:** IF YOU ARE THE OWNER OF THIS PROPERTY, ARE EXEMPT FROM LICENSURE REQUIREMENTS, AND YOU ARE DOING YOUR OWN WORK, YOU MUST COMPLETE THIS SECTION (THE APPLICANT SECTION) AND THE "OWNER" (SECOND PAGE)

**OWNER'S AGENT:** IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE OWNER OF THE PROPERTY, YOU WILL BE REQUIRED TO PROVIDE **PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE OWNER'S AGENT**

APPLICANT SIGNATURE:	APPLICANT NAME (PLEASE PRINT):	DATE:
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<b>OWNER</b>	<b>COMPLETE THIS SECTION ONLY YOUR IF YOU ARE THE OWNER OF THE PROPERTY DOING OWN WORK AND ARE NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR.</b>		
	If you are an owner and intend to do the work or subcontract the work, the owner is required to certify that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing below and obtaining the permit in your name, designates you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes, and acknowledges your compliance with the Section 54.1-1111 of the Code of Virginia.		
	I, as the <b>OWNER</b> , will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances.		
	<b>OWNER OR AGENT SIGNATURE:</b>	<b>DATE:</b>	<b>NAME (PRINT):</b>

COMMUNITY DEVELOPMENT OFFICE USE ONLY						
PERMIT TRACKING FORM ATTACHED (IF NOT, COMPLETE BELOW)					Y	N
<b>APP/FEES</b>	RCVD BY:	RCVD DATE:	BUSINESS LICENSE VERIFIED:	PLANS/SPECS SUBMITTED:		
			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR		
	PERMIT FEE AMT:	STATE LEVY AMT:	TOTAL FEE AMT:	PAID BY:		
	\$	\$	\$			
PROFFERS REQUIRED:	PROFFER AMT. PAID:	<input type="checkbox"/> CASH <input type="checkbox"/> CC <input type="checkbox"/> CHECK (CK # _____)		RCVD BY:		
<input type="checkbox"/> YES <input type="checkbox"/> NO	\$					

<b>APPLICANT NOTIFIED BY:</b>	<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER:	DATE:
<b>PERMIT ISSUED BY:</b>	<input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> PICKED UP BY:	DATE: