

# Electrical Application and Permit

Garrett County Department of Permits & Inspection Services

203 S 4<sup>th</sup> Street, Room 208

Phone: 301-334-7470 Fax: 301-334-7469

Permit Number \_\_\_\_\_ Date \_\_\_\_\_ Tax Map \_\_\_\_\_

Type of Permit (Regular or Self) \_\_\_\_\_ Parcel \_\_\_\_\_

Use of Structure \_\_\_\_\_ Lot \_\_\_\_\_

Applicant \_\_\_\_\_ Subdivision \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

Premise Address \_\_\_\_\_

Power Company \_\_\_\_\_ Size of Electrical Service \_\_\_\_\_

(Check One) New Service  Existing Service  Service Upgrade

Electrical Contractor \_\_\_\_\_ License # \_\_\_\_\_

Electrical Inspection Agency \_\_\_\_\_

## I HEREBY CERTIFY THAT I AM

\_\_\_\_\_ the owner of the residential property for which this application is being made and shall be responsible for the electrical installation, all required inspections and approvals and acknowledge that I am prohibited from hiring an unlicensed contractor or person to complete the electrical installation being applied for with penalty of violation and forfeiture of this permit.

\_\_\_\_\_ the Master Electrician (licensed within the State of Maryland) for the electrical installation being applied for and shall be responsible for all required inspections and approvals.

Signature \_\_\_\_\_

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(For Permits Office Only) Permit Approved \_\_\_\_\_ Date \_\_\_\_\_

Fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Check Number: \_\_\_\_\_

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## FOR ELECTRICAL INSPECTOR ONLY

Please fax this form to Permits and Inspections upon completion of each inspection performed

Required Inspections	Date Requested	Correction Date	Date Complete
Service Inspection <input type="checkbox"/>	_____	_____	_____
Rough Inspection <input type="checkbox"/>	_____	_____	_____
Other Inspection <input type="checkbox"/>	_____	_____	_____
Final Inspection <input type="checkbox"/>	_____	_____	_____

\_\_\_\_\_  
Electrical Inspector - Print

\_\_\_\_\_  
Signature