CITY OF LAKE VIEW INSPECTION SERVICES

APPLICATION FOR TEMPORARY ELECTRIAL POWER SERVICE PERMIT

(This box for Clerk's use only)	
Date Permit#	
A PERMIT IS REQUESTED TO INSTALL TEMPORARY ELECTRICAL POWER SERVICE LO	OCATE
AT:(PHYSICAL ADDRESS OF JOB SITE)	
BY: PHONE#	_1
(ELECTRICAL CONTRACTOR) (NAME OF BUSINESS AS SHOWN ON BUSINESS LICENSE) FOR:	
(NAME OF BUILDING CONTRACTOR/OWNER/OCCUPANT)	
(IF NO PHYSICAL ADDRESS AVAILABLE PLEASE PROVIDE)	
LOT: BLOCK: SECTOR:	
SUBDIVISION:	
TAX PARCEL ID#:	
TEMPORARY ELECTRICAL POWER SERVICE FOR: RESIDENTIAL COMMERCIAL/INDUSTRIAL OTHER SIS ANY EXCAVATION TO BE DONE WITHIN ANY PUBLIC WAY: (SIDEWALK, STREET, ALLEY, ETC) (CIRCLE)	
I HEREBY CERTIFY: All information given herein is true and correct to the best of my knowledge. I assume all responsibility for the TEMPORARY ELECTRICAL POWER SERVICE installation performed on this job and hold harm any claims against the City of Lake View, its council and/or its agencies relating to this TEMPORARY ELECTRICAL POWER SERVICE job for which this permit is issued. I agree to comply with all City of Lake View ordinances, State at Federal laws regulating building construction; that I am the owner or authorized to act as the owner's agent for the her described work; all work to be performed shall meet or exceed all applicable codes.	24
Signature Printed Name Date	-
TEMPORARY ELECTRIAL POWER SERVICE PERMIT COST: \$25.00 plus issuance fee and cost of work unless cost is included in building permit fees.	l total
APPROVED BY: DATE:	