

**Town of Beaufort  
Planning and Inspections  
215 Pollock Street  
Beaufort, North Carolina 28516  
Office: (252) 728-2141 Fax: (252) 728-3982**



**ELECTRICAL SYSTEM PERMIT APPLICATION**

*(For installation, extension, alteration, or general repair)*

**PROPERTY OWNER INFORMATION:**

Name: \_\_\_\_\_  
Mailing Address, City, State, Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_  
Cell Number: ( ) \_\_\_\_\_  
Construction Site Address: \_\_\_\_\_  
Site Parcel Number: \_\_\_\_\_  
**\*Point of Contact for Job:** \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

**CONTRACTOR'S INFORMATION:**

*All contractors must obtain a privilege license to perform work inside the Town limits.\**

General Contractor's Name: \_\_\_\_\_  
Contractor's Mailing Address: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_  
Town's Privilege License #: \_\_\_\_\_  
State's Privilege License #: \_\_\_\_\_  
Town of Beaufort Privilege License #: \_\_\_\_\_

**PERMIT INFORMATION:**

Temporary Pole: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Service Amps: \_\_\_\_\_  
Increased to: \_\_\_\_\_  
**Total Estimated Value: \$** \_\_\_\_\_

**Detailed Description of Work:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**-PLEASE READ BEFORE SIGNING-**

I hereby certify that the information as shown on this application and on such plans and specifications that have been submitted are correct and true to my knowledge. I also agree to comply with the said information as approved, with the provisions of all ordinances and building codes in the State of North Carolina, County of Carteret, and the Town of Beaufort. I understand that misinformation, lack of information, or statements made in error or falsehoods could result in the Building Permit being revoked, and subject the application to litigation in the process.

\_\_\_\_\_  
**OWNER/AGENT**

\_\_\_\_\_  
**DATE**