

ELECTRICAL PERMIT APPLICATION

Shelby County Plan Commission
25 West Polk Street, Room 201
Shelbyville, IN 46176
P: 317.392.6338 F: 317.421.8365

APPLICATION NUMBER: _____

Date: _____

1. Owner:

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Contractor (if owner, write owner):

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

2. Location Information:

Address of Property: _____

Township: _____

Electric Utility Company: _____

Subdivision & Lot #: _____

Parcel # _____

3. Type of Electrical Work: _____

I have read the information above and hereby agree that any construction commenced at the address indicated by me or my agent shall be in accordance with specifications given hereto. I further agree that as a consideration of an Electrical Permit, I will be governed by such Zoning and Building Ordinances of Shelby County Indiana, as are now in effect. I further declare that the information contained on this form is complete and accurate and the required supplemental information listed above has been provided.

Signature of Applicant: _____ Date: _____

Office Use Only

Application #: _____ Date Received: ____ - ____ Fee: _____ Released for Construction: Yes No