City of Havelock
Planning and Inspections Department
PO Box 368, Havelock, NC 28532
(252) 444-6433 Email: permits@havelocknc.us

OFFICE USE ONLY
Application #: _____
Received: _____ By: _____

Electrical Permit Application

Applicant: ☐ **Contractor** ☐ **Property Owner** ☐ **Tenant/Business** ☐ **Other**

Project Address: _____ ☐ Residential ☐ Commercial

Applicant:	**Property Owner** (if *different* from Applicant):
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:

Contractor Information

Electrical Contractor:

Contact:

Address:

Phone:

Email:

NC License #:

Classification:

Signature:

Date:

Project Information

Description of Proposed Work: (please be specific)

Project Area: Sq Ft Premise Number:

Total Cost of Proposed Work: **$**

Electric Co:
☐ Carteret-Craven Electric Co-op
☐ Duke Energy Progress (Premise #_____)
☐ City of New Bern Electric

☐ Temp. Service for Construction ☐ Mobile Home Service
☐ New Service: Amps Phase:
☐ Service Change - Upgrade To:
☐ Other:

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Building Code and all applicable State and Local Laws along with all City of Havelock Ordinances and Regulations. The Inspection Department will be notified of any changes in the approved plans and specifications for the permitted herein.

Applicant Signature: _____ **Date:** _____

Only ***ORIGINAL* signatures will be accepted**

REQUIRED: Elevation requirements must be met in Special Flood Hazard Area.

FOR OFFICE USE ONLY*

Flood Zone: **Panel #** **FIRM Index Date:** **Elev. Cert. Required :** YES NO

Approved by Planning/Zoning Official: _____ **Date:** _____

Building Official Approval: _____ **Date:** _____