

1130 Bluffs Parkway Canton, Ga 30114 P: 770-721-7810

www.cherokeega.com dsc@cherokeega.com

POWER RECONNECTION INSPECTION REQUEST

By submitting this request for a power reconnection inspection, the undersigned acknowledges

the following: (1) Ap	•	•				-			
and (2) If the inspo power reconnected elect		nowledges th	at a license	d electrician v	will have to acq				
Job Site Address					Permit#				
Subdivision	Lot	Suite	City		Zip				
Description of work	•	•							
Applicant Name (print)			Phone						
Electrical Contractor Na	Electrical Contractor Name								
Email									
State License Number				Exp. Date					
Company/Owner Name		Bus. Phone							
Company/Owner Addre	ess			<u>, </u>					
Company/Owner Email									
This request for pow		•		-	• •				
reconnect power to to concerns only. Appli					•	-			
issues that may resul			· · · · · · · · · · · · · · · · · · ·	-		,			
Name of Applicant or E	Electrician								
SIGNATURE			DATE						
THIS	day of	, 20							
Notary Publ	lic - Please notariz	ze with official	 seal		seal				



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Temporary to Permanent Power Connection

This electrical permit is issued to provide temporary electrical service to the construction site of the building or work authorized by an active building permit. Use of the temporary electrical service is limited to:

ECT	 or work authorized by an active building permit. Use of the temporary electrical service is limited to: Residential building permit - 90 Days (following approved rough inspection) Commercial building permit - completion of construction An extension may be granted, provided the applicant submits request before expiration date to the Building Official. 									
PROJECT	Job Site Address	Permit #								
	Subdivision	Lot#	Suite #	City		Zip Code				
	Description of work									
	NOTE: Owner/Tenant is not allowed to occupy the residence, building or suite on temporary construction power. Final inspection and a certificate of occupancy are required before occupancy. Exception: Emergency Power Reconnections. Final inspection must be scheduled for the next business day.									
-	Applicant Name (please print)	Phone #	#							
VTION	Electrical Contractor Name (please print)									
)RM⊅	Email	mail								
INFO	State License Number	Expirati	ion Date							
CONTACT INFORMATION	Company Name	Busines	ness Phone #							
CON	Company Address									
	Company Email									
GNATURES	The service equipment for the above referenced job location has been installed in accordance with all applicable codes. Cherokee County Inspections Department will be contacted when the service conductor and service switch are ready for inspection. Cherokee County and its building inspectors are hereby relieved from any liability, damage, or loss associated with connection or disconnection of this temporary service.									
NATI	NAME OF LICENSED ELECTRICIAN									
S	SIGNATURE DATE									
AUTHORIZED	This day of, 20			SI	EAL					
	(Notary Public – Please notarize with official seal)									