

# Electrical Permit Application

Town of Topsail Beach  
820 S. Anderson Blvd  
Topsail Beach, NC 28445  
Phone (910)328-5841 Fax (910)328-1560

Please Fill Out COMPLETELY

**Date:** \_\_\_\_\_ **Project Address:** \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Cellular#: \_\_\_\_\_

Email: \_\_\_\_\_ Expiration: \_\_\_\_\_

State License #: \_\_\_\_\_ Contact #: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Occupancy Type:                      Residential      Commercial

Estimated Cost of Project: \_\_\_\_\_ Square Footage: \_\_\_\_\_

For Installation/Number of:

Circuits (total): \_\_\_\_\_ Mobile Home Service (AMPS): \_\_\_\_\_

Size of Service (AMPS): \_\_\_\_\_ Temp Services (AMPS): \_\_\_\_\_

Swimming Pool (AMPS): \_\_\_\_\_ Other Trailer Service (AMPS): \_\_\_\_\_

Electrical Sign (AMPS): \_\_\_\_\_ Other: \_\_\_\_\_

Description of Work:

## For Office Use Only

Additional Comments \_\_\_\_\_

Building Inspector \_\_\_\_\_ Electrical Fee \_\_\_\_\_

Date Approved \_\_\_\_\_ Additional Fees \_\_\_\_\_

Receipt # \_\_\_\_\_ TOTAL RECEIVED \_\_\_\_\_