



# Lumpkin County, Georgia

## Planning Department

25 SHORT STREET SUITE 10, DAHLONEGA, GEORGIA 30533 (706) 864-6894 FAX: (706) 867-7272



# RESIDENTIAL ELECTRICAL ONLY PERMIT PACKET



# PERMIT DETAILS FORM

Building Permit # \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Directions to job site: \_\_\_\_\_  
\_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Lot # \_\_\_\_\_

## CONTRACTOR INFORMATION

Business License # \_\_\_\_\_ County Licensed: \_\_\_\_\_ GA. State License # \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_

Onsite Contact Person:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

## OWNER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City/ State/ Zip: \_\_\_\_\_

## PROJECT INFORMATION

Check One:

AEMC  HEMC  JEMC  SEMC  GA POWER  BREMC

New  Repair  Reconnect Retired Meter  Service Change  Overhead to Underground

Temporary Pole  Temporary/Permanent Power Connection

Other: \_\_\_\_\_

Description of Work: (please be specific) \_\_\_\_\_  
\_\_\_\_\_

Licensed Electrician/Owner Signature  
\_\_\_\_\_

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

# Lumpkin County Request for Temporary Electric Service Connection

Building Permit # \_\_\_\_\_ Date of Request \_\_\_\_\_

Address of location service is being requested: \_\_\_\_\_

Subdivision name: \_\_\_\_\_ Lot # \_\_\_\_\_

Name of Power Company: \_\_\_\_\_ Number of Phases: \_\_\_\_\_

Residential  Commercial Service Size: \_\_\_\_\_ amps. # of Meters: \_\_\_\_\_

## CONTRACTOR INFORMATION

Electrical Contractor (company name): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ GA State License #: \_\_\_\_\_

Name on License: \_\_\_\_\_

Builder Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Temporary connection to electrical services is requested for the above permitted location for a period of time not to exceed 90 days. By signing and submitting this form the state licensed electrician and builder accept all liability and responsibility for the use of electricity at this location. It is understood that no occupancy will be allowed during this temporary connection period. Any violation will result in citation and disconnection of service without warning or notice. This is an extra inspection that is not included in the original permit and the fee will be \$50.00 paid prior to the inspection. This form must be filled out by the licensed electrical contractor for the location being requested.**

**I, the undersigned licensed electrician and builder understand the above requirements for temporary electrical service and will relieve Lumpkin County and its employees for any liability or loss resulting from requesting connection or disconnection of the electrical service.**

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

\_\_\_\_\_  
Owner (only applicable if owner is doing)

All locations for temporary electrical requests must be inspected prior to authorizing connection. Electrical Service will be automatically disconnected after the number of days indicated. If you encounter a problem please call the inspector prior to disconnection.

Date inspected: \_\_\_\_\_ Inspector \_\_\_\_\_

Approved  Denied

Reason for Denial: \_\_\_\_\_

# Lumpkin County

## Sub-Contractor Affidavit

This form must be completed and returned to the Planning Department before any inspections covering this trade will be scheduled.

Building Permit # \_\_\_\_\_ Site Address \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_

Builder Name \_\_\_\_\_

By signature below I certify that I am sub-contractor for the: (complete a separate form for all that apply)

Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_ Insulation \_\_\_\_\_

and that the work installed at the job site identified by the permit # listed above was installed according to the applicable code.

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

Print Name of State License holder \_\_\_\_\_

Signature of State License holder \_\_\_\_\_

State License Number \_\_\_\_\_ expiration date \_\_\_\_\_

Name Of Power Company \_\_\_\_\_

Service Size \_\_\_\_\_ Amps Number of Phases \_\_\_\_\_

### Insulation Information Only

	Kraft	Unfaced	Foil	Loose	R-Value	Thick Pkgs.	Coverage
Ceilings	( )	( )	( )	( )	( )	( )	( )
Walls	( )	( )	( )	( )	( )	( )	( )
Floors	( )	( )	( )	( )	( )	( )	( )

The State of Georgia Construction Industry Licensing Board Act states in part that;  
No person shall engage in the electrical, plumbing or conditioned air contracting business unless that person has a valid license from the proper Division of the State Licensing Board.

# Lumpkin County Homeowners Self-Work Affidavit

By executing this affidavit under oath, as an applicant for a Lumpkin County Building Permit, I certify that I, \_\_\_\_\_, will be the builder of record for the structure applied for in this building permit application, and that the structure will be constructed for the use of myself and my family. I understand that it is illegal for a homeowner to obtain a permit for an unlicensed contractor to perform services which require a licensed contractor. I understand that all of the construction codes, state and county rules and regulations will apply to me and be enforced by the county as though I am a licensed contractor. I further understand that I must either contract with a State Licensed Contractor for electrical, plumbing, conditioned air, and insulation or perform this work myself.

I certify that as owner/builder of the structure applied for in this building permit application, I will be responsible for the installation of:

Building \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC \_\_\_\_\_ Insulation \_\_\_\_\_  
(Initial each item for which the owner/builder will be responsible for)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:      Date

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Commission expires \_\_\_\_\_