

(A) Applicant Name: **BASIC ELECTRIC COMPANY** Address: **1234 SOME STREET** City: **FAST CITY** St. **KY** Zip: **41014** Phone: **859.555.1212**
Builder / Owner **STAR BUILDERS** Address: **2323 CHESAPEAKE STREET** City: **ERLANGER** St. **KY** Zip: **41011** Phone: **859.525.2314**
Inspection Address **KEVIN POPP** Address: **12537 SLEEPY HOLOW LANE** City: **BURLINGTON** St. **KY** Zip: **41019** Phone: **859. 873.1234**

(B) Description Of Work: BASEMENT FINISH Contact Person / Email: **BRENT JONES** **B.JONES@BASICIELECTRIC.COM**
 Single Family Sq. Feet **748** Two Family Apartments No. Of Units _____ Other (Pool, Store, Factory, Garage, Etc.) _____
 Electric License # **CE-12592** Occupational License # **BC-1208643** Lot # **GP-248** Job # **GP-248** Estimated Value of Job Including All Equipment, Material and Labor \$: _____

(C) Type of Inspection Request, Check All Applicable Items

	DM	PB	SS	NC	AW
Detached Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stables, Barns, Garages, Etc. (SBE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sign, Billboard, Neon (SB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Voltage Wiring (LVW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm (FA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(D) Residential and Non-residential Equipment Wiring Information, Complete All Applicable Items, Attach Additional List if Necessary.

	EXISTING	# 1 Ø Motors	Total Horsepower	# Welder Receptacles
# Light Fixtures	14			
# Receptacles	27			
# Disposals/Tot. HP				
# Dishwashers				
# Kitchen Equipment				
# Exit/EM Lights				

Estimated Fault Current At Service Terminals _____ Volts/Phase _____ Total KW _____
 No. Feeders/Sizes _____ Meters _____
 Amps _____ Service Switch _____ Territory: _____
 Perm. Service: Service Conductors (OH) (UG) _____ 1Ø No. Sets _____
 Size _____ 1Ø Service SW. _____ Amount Received _____
 Amps _____ Volts _____ # Meters _____ Issue Date _____
 3Ø No. Sets _____ Size _____ # Meters _____ Building Entered: _____
 3Ø Service Sw. _____ Amps _____
 Septic Temp: _____ Perm: _____
(E) Charge Account Cash Account Check For Temporary Release Utility: Duke or Other: **NA**
 Requested Dates: Attach Request WILL CALL Total Number of Inspections Requested **2**

(G) Application is hereby made to do electrical work at this location and I agree to pay Electric Inspection (EI) the appropriate amount per the current schedule of charges. As a charge customer, I realize that all fees must be paid prior to the issuance of any releases and the policies as stated in the company's credit terms shall apply. All work is to be installed per the current National Electrical Code and I understand that EI cannot insure or guarantee that there are or will be no violations of the NEC or Kentucky statutes and regulations and EI does not determine compliance with any plans or specifications. It is my responsibility to call when the job is ready for inspection and I assume all liability for the job and any temporary releases and hereby indemnify EI for all activity associated with this job. Progress inspections do not constitute approval of an electrical installation. This permit is null and void if an inspection is not scheduled within six months from date of issue or six months from date of last inspection. I, the applicant, hereby sign and verify under penalties of law, that all of the above information is true and correct and that I am performing the electrical work at this location. Any changes to the above information shall be provided in writing.

BRENT JONES **BRENT JONES** **Finish & Email**
 Signature Print Name