

(A) Applicant Name: **BASIC ELECTRIC COMPANY** Address: **1234 SOME STREET** City: **FAST CITY** St.: **KY** Zip: **41014** Phone: **859.555.1212**
Builder / Owner **FOLTZ GENERAL CONTRACTING** Address: **12537 SLEPPY HOLLOW LANE** City: **ERLANGER** St.: **KY** Zip: **41011** Phone: **859.525.2314**
Inspection Address **ACME MANUFACTURING** Address: **12537 SLEPPY HOLLOW LANE** City: **BURLINGTON** St.: **KY** Zip: **41018** Phone: **859.342.1254**

(B) Description Of Work: NEW SIGN Contact Person / Email: BRENT JACOBS BJACOBS@BASICIELECTRIC.COM
 Single Family Sq. Feet _____ Two Family Apartments No. Of Units _____ Other (Pool, Store, Factory, Garage, Etc.) **SIGN**
 Electric License # CE-12592 Occupational License # BC-12908643 Lot # _____ Job # _____ 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 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 checked="" 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				
# Receptacles	1			
# Disposals/Tot. HP				
# Dishwashers				
# Kitchen Equipment				
# Exit/EM Lights				

Estimated Fault Current At Service Terminals _____ Volts/Phase _____ Total KW _____
 No. Feeders/Sizes _____ Meters _____
 No. 1Ø Transf./Sizes _____ Service Switch _____ Territory: _____
 No. 3Ø Transf./Sizes _____ Perm. Service: Service Conductors (OH) (UG) _____ 1Ø No. Sets _____
 #Signs/Transf. 1 - 3 _____ Size _____ 1Ø Service SW. _____ Amount Received _____
 Septic Temp: _____ Volts _____ Size _____ # Meters _____ Issue Date _____
 _____ 3Ø Service Sw. _____ Amps _____ Building Entered: _____
 _____ Volts _____ # Meters _____

(E) Charge Account Cash Account Check For Temporary Release of Permanent Service. Utility: Duke or Other: NA
 Requested Dates: Attach Request WILL CALL Total Number of Inspections Requested 1

(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 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.