



THE CITY OF CLEBURNE

10 N. Robinson, PO Box 677, Cleburne, TX 76033 (817)645-0955 fax: (817)645-0926

APPLICATION FOR ELECTRICAL PERMIT

Date: _____

WORK LOCATION: _____

OWNER ADDRESS PHONE

ELECTRICIAN ADDRESS PHONE

NEW RESIDENTIAL:

SQ.FT. UNDER ROOF: _____ TEMP POLE: _____

MISC. RESIDENTIAL OR COMMERCIAL:

SQ. FT. UNDER ROOF _____ TEMP POLE _____

SERVICE CHANGE: 600 volts or less _____
Not over 200 amps _____

SIGNS:
One Branch Circuit: _____
Additional Circuits: _____

600 volts or less _____
200-1000 amps _____

MISC. POWER APPARATUS:

Over 600 volts/ _____
Over 1000 amps _____

up to 1 HP _____

OUTLETS: (First 20) _____

1 HP - 10 HP _____

(After 20) _____

10 HP - 50 HP _____

FIXTURES: (First 20) _____

50 HP - 100 HP _____

(After 20) _____

Over 100 HP _____

SWITCHES: (First 20) _____

POOL ELECTRICAL: _____

(After 20) _____

APPLIANCE OUTLETS: _____

NOTE: IT IS THE OWNERS RESPONSIBILITY TO COMPLY WITH ANY DEED RESTRICTIONS, ADA REQUIREMENT, OR ASBESTOS SURVEYS THAT SHALL BE REQUIRED PRIOR TO CONSTRUCTION / DEMOLITION PERMIT. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. *****FAXING THIS PERMIT DOES NOT GUARANTEE THAT IT WILL BE ISSUED***** PLEASE CALL THE PERMIT OFFICE BEFORE ELECTRICAL WORK BEGINS*****

Signature: _____

Revised 1/6/10