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# CITY OF DUNN

Building Inspections Department

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POST OFFICE BOX 1065 ~ DUNN ~ NORTH CAROLINA 28335  
(910) 230-3505 Chief Inspector ~ (910) 230-3504 Building Code Enforcement

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## APPLICATION FOR ELECTRICAL PERMIT

Inside City Limits  Outside City Limits

**Please note: 1) Application must be completely filled out**

Location of Site (Street Address): \_\_\_\_\_

Lot #: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Phase/Section: \_\_\_\_\_ Flood Zone: \_\_\_\_\_

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

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

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**General Contractor:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

N.C. State License #: \_\_\_\_\_ Privilege License #: \_\_\_\_\_

Expiration of Workers Compensation Insurance: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

General Contractor Signature: \_\_\_\_\_

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**Electrical Contractor:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

N.C. State License #: \_\_\_\_\_ Privilege License #: \_\_\_\_\_

Expiration of Workers Compensation Insurance: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

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**Construction Cost**

Electrical: \$ \_\_\_\_\_ (Estimated cost of job)

**Characteristics**

Type of Improvement: (Description of work being done)

1). Change Out: \_\_\_\_\_

2). Change of Contractor: \_\_\_\_\_

3). Other: \_\_\_\_\_

Applicant  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Inspector  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Any **person other than a homeowner** must obtain a city privilege license and be noted before inspection department will accept application.

**If work is done by an Electrical Contractor,  
they must be licensed by the State of North Carolina.**