Electrical Temp Service

General Contractor Information:	Owner Information:	
Company Name:	Company Name:	
Responsible Party Name and Title:	Owner:	
Street Address:	Street Address:	
City: State:	City:	State:
ZIP Code:	ZIP Code:	
Office Phone: Mobile:	Home Phone:	Mobile:
Email:	Fax:	
Completed work required to be inspected by the City Inspector. City Hall will call EVERGY with the final approval of the service		
	Other/Purpose/Use	(Describe Below)
Street Address:		

By signing this application you acknowledge: The plans, specifications and other information submitted as part of this application are correct, true and accurately represent the scope of work for the which application is made. The application fee will be applied to the permit fee but will not be refunded. Any documentation submitted will not be returned and will be kept for Public Record according to applicable State Regulations. This application expires in 180 days if work is not started or application is not picked up. To commence work without obtaining a permit is a violation of City Ordinance.

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Gas Source:

Propane:

Public

Utility:

Date:

Electric Service Rating:

Applicant's Signature:

\$

Estimated Valuation (structure only)

For City Use:	Application fee paid	Date received:
App. #	Yes No	By: