

**BEAUFORT COUNTY INSPECTION DEPARTMENT
PO DRAWER 1228
BEAUFORT SC 29901
(843) 255-2065 - BEAUFORT OFFICE**

PERMIT# _____

THIS FORM MUST BE COMPLETED AND SIGNED BY THE ELECTRICAL CONTRACTOR BEFORE ELECTRICAL PERMITS WILL BE ISSUED.

ELECTRICAL CONTRACTOR (LICENSE HOLDER) _____

LICENSE NUMBERS ALL THREE (3) ARE REQUIRED

STATE _____ **COUNTY** _____ **BUSINESS** _____

JOB NAME _____

JOB ADDRESS _____

NATURE OF WORK _____

COST OF JOB _____

SIZE OF SERVICE _____ **AMPS** _____ **SGL PH** _____ **DB PH** _____

NOTE: JOURNEYMAN ELECTRICIANS ARE LIMITED TO NO ONE JOB TO EXCEED \$5,000.00; SINGLE PHASE ONLY AND NO POOL OR ASSOCIATED EQUIPMENT.

I, THE UNDERSIGNED HEREBY AFFIRM THAT THE WORK AS DESCRIBED ABOVE WILL BE PERFORMED BY MY COMPANY. I HAVE A VALID BEAUFORT COUNTY LICENSE AND I AM PROPERLY LICENSED BY THE STATE OF SOUTH CAROLINA.

SIGNATURE _____