

**CITY OF SHELBYVILLE
CODE ENFORCEMENT
315 WASHINGTON STREET
SHELBYVILLE, KENTUCKY 40065
PHONE: (502) 633-8000 FAX: (502) 633-4292**

ELECTRICAL PERMIT APPLICATION

Contractor:		State Lic. #
Address:		
Phone:	Fax:	Email:
Master Electrician:		State Lic. #
Job Site Address:		
Block & Lot:		
Project/Subdivision:		Related Bldg Permit #
Directions to Subd.:		
Owner:		
Address:		
Construction Type		
New One & Two Family Residence		
New Condo/Patio Home Residence		No. of ampers at unit sub panel:
Existing One & Two Family Residence		
New Commercial/Multi-family Apartments		
No. of sub panels:	No. of dwelling units:	No. of ampers:
Existing Commercial/Multi-family Apartments		
No. of sub panels involved in the work:		No. of dwelling units involved in the work:
Temporary Pole		
Additional Inspections Requested:		
Work Description:		
Estimated Cost:		Permit Fee: \$30.00
<i>Electrical contractors signing this application attest to the fact that you currently maintain an active State Electrical Contractors License:</i>		
_____ Signature of Contractor or Designee		_____ Date