# TOWN OF BLYTHEWOOD
## POST OFFICE BOX 1004, 171 LANGFORD ROAD
## BLYTHEWOOD, SC 29016
## (803) 754-0501 FAX (803) 754-0563

# ELECTRICAL PERMIT

Building Permit #: _____ Date: _____

Application is hereby made for a permit to install, repair, alter or extend an electrical installation as described herein and shown in the accompanying plans and specifications. The information which follows and the accompanying plans and specifications with the representations therein contained are hereby made a part of this application.

Nature of Proposed Work: ☐ Install ☐ Repair ☐ Alter ☐ Extend

Work will be done in building: ☐ Being Constructed ☐ Remodeled ☐ Existing

Location of Building _____

Occupied by _____ Specific Use _____

Description of Proposed Work _____

_____

_____

# Meters Existing _____ # Meters added _____ # Meters Total _____

Service:
Wire Size and Type _____ Size Ent. Conduit _____ Serv. Sw. Amps _____

☐ Temporary Service (check one)
- ☐ Construction Service
- ☐ Trailer Connection

☐ Permanent Service, rating in amperes _____ *(Furnish Fault Current Sate if over 600 Amperes)*

☐ Convenience and/or lighting outlets
☐ Fixtures
☐ Range _____ Water Heater _____
☐ Furnace connection, radiant and space electrical heating
☐ Transformers, bell ringing type, residential
☐ Fans
☐ Motors, 600 watts or less, _____hp
☐ Motors, 600 volts or less, _____hp
☐ Motors, over 600 volts _____
☐ Air Conditioner (window units)
☐ Air Conditioner (central)
☐ Neon Signs
- ☐ transformers

☐ Time Clocks ☐ Flashers
☐ Ground signs (check one)
- ☐ Bulletin Board
- ☐ reflector

☐ Streamer or festoon lights

☐ Generators: KW rating _____
voltage _____
☐ Sets, storage batteries
☐ Rectifiers: KVA rating _____
☐ Transformers with primary
Potential in excess of 600 watts:
KW rating _____
☐ Replacing primary service
☐ Transformers, dry or auto type:
rating _____
☐ Sub-Feeders Ampere Rating
☐ Sub-Feeders replacement:
Ampere rating _____
☐ Busways: _____
☐ Control Wiring
☐ Miscellaneous

Total Estimated Cost $ _____

Will power to the premises be served from the underground network: ☐ Yes ☐ No (If yes, what is the fault current rating of the service protector? ____ _____ Amperes, symmetrical RMS (Furnish statement from utility))
Temporary Release Requested: _____ Remarks: _____

_____

_____

Owner _____ Address _____
Contractor _____ Address _____

It is understood and agreed by the undersigned that the approval of this application does not constitute a privilege to violate the Building Code, Zoning Code or other ordinances of the Town of Blythewood, and that any omission of or misrepresentation of fact with or without intention of the undersigned, or and alteration or change from this application without the approval of the Building Official, shall constitute sufficient grounds for the revocation of any permit issued which was based on the approval of this application.

For: _____
Signed: _____ Address _____

☐ Approved _____ ☐ Denied _____
Request denied because _____

_____

_____
Building Official