## 

www.cherokeega.com dsc@cherokeega.com

	SERVICE APPLICATION								
ECT	Mechanical	Electrical		Plu	umbing		Permit Number		
PROJECT	Job Address								Bldg. #
_	Apartment / Suite #			City			Zip		
	Residential Commercial				Business Name (if commercial)				
	Serving Utility Company								
CONSTRUCTION INFORMATION	Description of Proposed Work								
NSTRUCTION FORMATION									
ONS <sup>-</sup>	FOR ELECTRICAL PERMITS ONLY								
0 –	AMPS from to AMP			Metered temporary service					
	Other (Low voltage, etc.)								
_	Property Owner / Tenant						Phone #		
	Address								
CONTACT INFORMATION	Contractor's Name					Phone #			
RM/	Address								
INFC	Email								
<b>FACT</b>	State License #				Expiration Date				
CON	Company Name								
	Address								
	Email								
	Emergency 24 Hour Contact						Phone #		
AUTHORIZED SIGNATURES	I hereby certify that I have read and examined this application and know the same to be true and correct. I am a licensed contractor with the State of Georgia and I will follow all provisions of laws and ordinances governing this type of work and will comply with whether specified herein or not.								
	LICENSED CONTRACTOR'S NAME								
	LICENSED CONTRACTOR'S SIGNATURE								
	DATE								