## CITY OF MAYFLOWER P.O. Box 69

Signature of Contractor, Owner or Agent

Mayflower, AR 72106

## APPLICATION FOR: CITY OF MAYFLOWER ELECTRICAL PERMIT

Date

**INSPECTIONS: INSPECTORS COMMENTS** OFFICIAL USE ONLY PERMIT NO.:\_\_\_\_ APPLICANT (CHECK ONE) DATE ISSUED: □Will Call □ Ready ISSUED BY:\_\_\_\_\_ □Slab ☐ Final □Rough □Other DENIED:\_\_\_\_\_ APPROVED:\_\_\_\_\_ EXACT LOCATION:\_\_\_\_ OWNER/TENANT:\_\_\_\_\_\_ TELEPHONE:\_\_\_\_\_ ADDRESS: CONTRACTOR: LICENSE NO.: TELEPHONE: ADDRESS: CLASS OF WORK: □ NEW □ ADDITION  $\square$  REPAIR ☐ ALTERATION PROPOSED USE (OCCUPANCY):\_\_\_\_\_ COMMERCIAL \_\_\_\_\_RESIDENTIAL DESCRIPTION OF WORK:\_\_\_\_\_ NOTICE: SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRICAL, GAS, AND HVAC WORK. I hereby certify that the data submitted on or with this application is true and correct. Also, I have read and understand the Subdivision Covenants and Restrictions Notice as stated above. Any deviation from information contained hereon unless approved by the Building Official will render this permit null and void.