**OWEN COUNTY BUILDING DEPARTMENT**

**60 S MAIN ST. RM 101**

**SPENCER, IN. 47460**

**812-829-5033**

**ELECTRICAL APPLICATION**

Applicants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owners Name:*(if different from Applicant)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class I Structure (Commercial)  Class II Structure (Residential)**

**Type of Permit**

Residential Electrical *(dwellings)*  Non-Residential Electrical *(Outbuildings)*

Other: *(Camper)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason For Permit**

New Service Upgrade 100 to 200 Upgrade 200 to 400

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owen County Ordinance 2023-014

I, the undersigned applicant, do hereby swear and affirm that I own the property located at the above address.

I have made an application for a change in electrical service. I also understand that said changes must be inspected and approved by the Owen County Building Inspector prior to receiving electrical service.

I am not making any additions or alterations which would in any way affect the septic system.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Signature Date

**Office use only:**

|  |  |
| --- | --- |
| Permit #: 2024-\_\_\_\_\_\_\_\_\_ | Permit Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date Green Tagged:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Receipt #: \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |