

**CITY OF CUMMING
100 MAIN STREET
CUMMING, GEORGIA 30040
(770) 781-2024
FAX # (770) 781-2029**

APPLICATION DATE

EXPIRATION DATE

Temp. Electrical Permit No. _____

TEMPORARY CONNECTION TO SERVICE UTILITIES

Temporary connection to electrical services is requested at

PROJECT /OWNERS NAME _____

JOB ADDRESS _____

NAME OF POWER COMPANY _____

for a period of time not to exceed _____ days. The State Licensed Electrician whose signature appears below accepts all liability and responsibility for the use of electricity at this location. It is understood that **no occupancy** will be allowed during this temporary connection period and any violation will result in citation and disconnection of service without notice.

I, the undersigned Licensed Electrician have read and understand the requirements for temporary power and will relieve the City of Cumming and its inspectors from any liability or loss for ordering connection or disconnection of electrical service.

Company Name _____

Company Address _____

Print name of Lic. Holder _____

Signature of Lic. Holder _____

State License # _____

Telephone # _____

Electrical Temporary Power Connection **Approved** _____

Denied _____

Inspectors Signature _____

Date inspected for Temporary Power _____