

TOWN OF GENEVA – ELECTRICAL PERMIT

Customer Name _____

Owner of Premises _____

Project Address _____ Tax Key # _____

Electrician's Name _____ Telephone # _____

Electrician's Address _____

TYPE OF SERVICE (check appropriate items) Check if _____ New Service _____ Rewire
____ Residence _____ (Temp) Service _____ 1-Phase service entrance _____ Amps _____ Volts
____ Farm _____ Center Yd Pole _____ 3-Phase service entrance _____ Amps _____ Volts
____ Commercial _____ Permanent _____ Underground _____ Overhead
____ Swing to Permanent _____ Other _____

TYPE OF CONSTRUCTION (For Office Use)

____ New _____ Sq. ft. _____ Attached Garage _____ Sq. ft.
____ Remodel _____ Sq. ft. _____ Unattached Garage _____ Sq. ft.
____ Addition _____ Sq. ft.

OWNER/AGENT (signature) _____ Permit No. _____

Date _____ Permit Fee _____ By _____
Inspection Agency for Town of Geneva