



City of Southport
Work Sheet
Application for Electrical Permit
Fax back to 457-7957

Please fill out completely before applying for permit:

Permit Number: _____ Date: _____

Location by Road: _____

Owner's Name and Address: _____

Owner's City, State, Zipcode: _____

Owner's Phone Number: _____

Electrical Contractor's Name: _____

Electrical Contractor's Address: _____

Electrical Contractor's City, State, Zip: _____

Electrical Contractor's Phone Number: _____ License Number: _____

Electrician in Charge: _____

Estimated Job Cost: _____ Electrical Contractor's Fax Number: _____

Used For: Residential _____ Commercial _____

Service in Amps: _____ Number of Circuits: _____

Service Change: _____ Temp Saw Service: _____

Other: _____

Permit Requested By: _____