

APPLICATION DATE: _____ **Stand Alone Permit** **New Construction BldgPermit#:** _____

CONSTRUCTION ADDRESS: _____

PARCEL #: _____ **POWER SUPPLIER:** DUKE ENERGY CENTRAL ELECTRIC

OWNER NAME: _____ PHONE #: _____

OWNER ADDRESS (If different from Construction Address): _____

CONTRACTOR NAME: _____ PHONE #: _____

CONTRACTOR ADDRESS: _____ PIN#: _____

NEW RESIDENTIAL & RESIDENTIAL REPAIRS, RENOVATIONS, ALTERATIONS AND ADDITIONS:

TOTAL AMPERAGE: _____	<input type="checkbox"/> Single-Wide \$100.00
BASIC FEE: <input type="checkbox"/> \$ 135.00 (Up to 200 AMPS)	<input type="checkbox"/> Double-Wide \$100.00
<input type="checkbox"/> \$20.00 (Per 100 AMPS over 200)	<input type="checkbox"/> Triple-Wide \$100.00
	<input type="checkbox"/> Modular Home \$100.00

COMMERCIAL:

TOTAL AMPS: _____ NUMBER OF SPECIAL OUTLETS: _____ NUMBER OF SUBPANELS: _____

0-200 Amps _____ \$200.00
 201-400 Amps _____ \$300.00
 401- and Up Amps _____ \$300.00 + 0.15 per amp

*Additional \$50.00 Per meter socket (separate or in a bank of meters) *\$60.00 per feeder for Equipment + Min fee \$75.00 Miscellaneous

MISCELLANEOUS AND SERVICE CHANGES:

<input type="checkbox"/> MINIMUM FEE FOR ITEMS NOT SHOWN.....	\$75.00 _____	<u>Explain:</u>
<input type="checkbox"/> CONDITIONAL POWER.....	\$75.00 _____	
<input type="checkbox"/> MECHANICAL CHANGE OUTS.....	\$75.00 _____	
<input type="checkbox"/> POWER RESTORATION.....	\$75.00 _____	
<input type="checkbox"/> ACESSORY BUILDING.....	\$75.00 _____	
<input type="checkbox"/> FARM POLE.....	\$75.00 _____	
<input type="checkbox"/> SOLAR.....	\$75.00 _____	
<input type="checkbox"/> SIGNS.....	\$75.00 _____	
<input type="checkbox"/> SPECIAL OUTLETS.....	\$75.00 _____	
<input type="checkbox"/> SWIMMING POOL GROUNDING.....	\$75.00 _____	
<input type="checkbox"/> TEMPORARY SERVICE POLE.....	\$75.00 _____	

Total:

PLEASE NOTE: IF THE QUALIFIER OF THE LICENSE BELOW WILL NOT APPEAR IN PERSON TO OBTAIN PERMIT, THE OPPOSITE SIDE OF THIS APPLICATION MUST BE COMPLETED!

I hereby certify that the information on this application is correct and that all work in connection with the above referenced job will be performed under my supervision and that such work complies with the requirements of the NC State Building Codes and applicable City of Sanford or Lee County Ordinances. Call for inspection at proper stage of work.

CONTRACTOR / APPLICANT	DATE	N.C. LICENSE NUMBER
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