For Office Use Only
Electrical Permit #: _____
Permit Fee: $ _____
Inspection Fee: $ _____
Total Paid: $_____
Payment Type: _____

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Electrical Permit #: _____
Permit Fee: $ _____
Inspection Fee: $ _____
Total Paid: $_____
Payment Type: _____

PROPERTY OWNER INFORMATION
Job Address: _____
City/State/Zip:_____
County: _____
Owner:_____
Phone #: _____
Estimated Value: _____
Type: Residential Commercial Other: _____
Type of Work: New Building Addition to Building Other: _____

ELECTRICAL CONTRACTOR INFORMATION
Licensed Electrician's Name: _____
MD State License #:
_____
QA County License #: _____
Address:
_____
_____
Phone #:
_____

DESCRIBE WORK TO BE COMPLETED
_____
_____
_____
_____
_____
_____

APPLICANT'S SIGNATURE: _____
PRINT NAME: _____
MAIL PERMIT TO: _____
D A T E :
_____