



CITY OF ANDERSON

Electrical Permit Application

Department of Municipal Development

120 East Eighth Street • Anderson, Indiana 46018
Office: (765) 648-6055 • Fax: (765) 648-5914 • www.cityofanderson.com
Donna Campbell: (765) 648-6060

Kevin Smith, Mayor

Print in Ink • Incomplete Applications Will Not Be Processed • Permit Valid for One Year • Must Complete Reverse Side

1. LOCATION OF CONSTRUCTION ACTIVITY
 Address: _____
 Lot: _____ Subdivision: _____

Overhead Service Underground Service

2. PROPERTY OWNER INFORMATION
 Name: _____
 Address: _____
 Telephone: (____) ____ - _____ Fax: (____) ____ - _____

7. TYPE OF SYSTEM
 Electrical Power Distribution System
 Voltage Required: _____
 Number of Panel and Subpanel Boxes: _____
 Total Size of Amps: _____ Number of Circuits: _____
 LN. FT. Bus Bar & AMPS: _____
 Electrical connection to a moved structure or industrialized building system.
 Number of Panel Boxes? _____ Voltage Required _____
 Total Size of Amps: _____ Number of Circuits: _____
 Construction or Sales Trailer Manufactured Home
 Mobile Home Manuf. Unit for _____
 Change of Electrical Service
 _____ Amps to _____ Amps
 _____ Voltage to _____ Voltage
 Number of New Circuits: _____
 Temporary Service
 Plans Attached Other _____
 Has Service Request been approved by AP&L Engineering
 Total Cost of Electrical Job _____

3. INDICATE USE OF STRUCTURE
 Residential (Single Family) Duplex
 Commercial Industrial/Warehousing Agricultural
 Multi-Family Pre-manufactured Other _____

4. CONTRACTOR INFORMATION
 Company: _____
 Address: _____
 Telephone: (____) ____ - _____ Fax: (____) ____ - _____
 Registered Contractor: Yes No # _____
 Contact Person: _____
 Immediate Contact Telephone: (____) ____ - _____
 Email: _____
I certify the information on this form is complete and accurate and I have the legal and or contractual authority to perform this work.
 _____ Date: _____
 Signature of Property Owner or Authorized Agent of Contractor

8. ADDITIONAL DETAILS
 A. Is there a Structural Building Permit Already Issued?
 Yes No Bldg. Sq. Ft.: _____
 B. State Plan Release: Yes No
 C. General Contractor Name: _____
 D. Contact Info: _____

5. NATURE OF WORK TO BE CARRIED OUT
Start Date: _____ **Completion:** _____
 New Installation Meter Base & Riser Temporary Pole
 Replacement Installation Alteration Installation
6. TYPE OF SERVICE

FOR OFFICE USE ONLY
 Application Approved Application Denied
 Date Approved: _____ Initials: _____
 Special Conditions _____