



Richmond County Building Inspection Department

221 South Hancock St
Rockingham, NC 28379

chacity.woolard@richmondnc.com

Telephone: (910) 997-8204

Fax: (910) 997-8206

Electrical Permit Application

Owner/Project Name: _____

Owner/Project Address: _____

Phone Number: _____

Type of work to be done: _____

Residential Commercial Agriculture (per bldg.) Single Phase Three Phase

Service Amp _____ Number of Sub-panels and Disconnects: _____

Project Cost: _____ Temp Construction Service

Change of Service Upgrade Service (Residential)

Photovoltaic Systems (No. of inverters) _____ Fire Alarm

Electrical Contractor: _____

Address: _____

Phone #: _____ Email: _____

State License #: _____

I hereby certify that the above statements are true, and all work is being performed under the State License number above.

Contractor's Signature: _____ **Date:** _____

Applicant's Signature: _____ **Date:** _____

Permits expire after 6 months of issuance if work has not commenced or if work has discontinued for a period of 12 months from last inspection.