

Electrical Permit Application

Town of Topsail Beach
810 S. Anderson Blvd
Topsail Beach, NC 28445

Phone: (910)328-5194 Email:smoore@topsailbeachnc.gov

Please Fill Out COMPLETELY

Date: _____ **Project Address:** _____

Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Telephone#: _____

Electrical Contractor: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone#: _____ Cellular#: _____

Email: _____ Expiration: _____

State License #: _____ Contact #: _____

Signature _____ Date: _____

Occupancy Type: Residential Commercial

Estimated Cost of Project: _____ Square Footage: _____

For Installation/Number of:

Circuits (total): _____ Mobile Home Service (AMPS): _____

Size of Service (AMPS): _____ Temp Services (AMPS): _____

Swimming Pool (AMPS): _____ Other Trailer Service (AMPS): _____

Electrical Sign (AMPS): _____ Other: _____

Description of Work:

For Office Use Only

Additional Comments _____

Building Inspector _____ Electrical Fee _____

Date Approved _____ Additional Fees _____

Receipt # _____ TOTAL RECEIVED _____