TOWN OF SULLIVAN'S ISLAND



APPLICATION FOR TEMPORARY ELECTRICAL SERVICES

DATE OF REQUEST:	_
ELECTRICAL PERMIT NUMBER:	_
ELECTRICAL CONTRACTORS LICENSE NUMBER:	_
request that the building at be auth	orized
emporary electrical service ofAMPS for a period ending at this time or anytime thereafter the Electrical service	a may ba
erminated unless permanent approval or an extension has been granted. Further by signing this document has agreed to not occupy the structure before a Certific Occupancy is issue by the Town of Sullivan's Island Building Official.	more, the owner
APPLICANT:	
APPLICANT SIGNATURE:	
OWNER:	-
OWNER SIGNATURE:	
PHONE NUMBER:	
DATE APPROVED:	
APPROVED BY:	
Date permanent power approved:	
Permanent power approved by:	
NOTES:	

TOWN OF SULLIVAN'S ISLAND



TEMPORARY POWER OWNER AFFIDAVIT

Ι	owner of property located at
agree to provide the documentation nec	ressary and complete all final inspections necessary for a days of issuance/approval of temporary power.
	ntial Code allows issuance of temporary power for testing of products associated with or to be construed as
Built Survey and other required informations Sullivan's Island with the next	and an Elevation Certificate, Design Certifications, As ation showing compliance is provided to the Town of days electrical power will not be terminated and the nce of Certificate of Occupancy will be allowed to occupy
NOTE: Power may be terminated at an property. See Sec. R107.4 of the IRC.	ny time if an electrical safety issue is found on the
terminated at the end of the day homeowner, electrician or builder. The	within days the electrical service will be ys or shortly thereafter without any notification to the Town of Sullivan's Island and/or SCE&G will not be by the termination of power from the residence.
SIGNATURE OF HOMEOWNER:	
PROPERTY OWNER PHONE NUMB	BER:
PROPERTY OWNER EMAIL:	
ELECTRICIAN INFORMATION:	
NAME:	PHONE:
EMAIL:	
CICNATUDE.	DATE.