



Electrical Permit Application for State Owned or State Leased Building

Email to debra.bailey@ky.gov or fax (502)573-1401

General Information

Date: _____ Permit Number: _____

Customer/Applicant Name: _____

Project Name/Description: _____

Permit Type: New or Existing Traffic Signal Voltage: _____ Amps: _____

Phase Characteristic: One or Three Phase Service Type: Overhead or Underground

Job Site Contact Name: _____ Phone number: _____ Email: _____

Permit Site address for inspection or Signal Intersection: _____

City: _____ Zip Code: _____ County: _____

ELECTRICAL CONTRACTOR INFORMATION

Company Name: _____ Phone: _____ Email: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Any Additional Info: _____

CE- _____ ME- _____ EE- _____

Building Owner Information: State Owned State Leased

Owner/Agency Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Invoicing Contact Information:

Name: _____

Complete Address: _____

Electrical Contracted Amount (Provide copy of electrical contract): _____

Work Order/PO/Job number to be referenced on invoice: _____

Comments:



While on the job site all licensed workers must have their licenses available and all company vehicles must have the Company Name & License numbers on them.

(For inspection requests please contact the assigned State Electrical Inspector directly)