



Public Protection Cabinet
 Department of Housing, Buildings and Construction
 Electrical Division
 500 Mero Street
 Frankfort, Kentucky 40601
 502-573-1797 Fax: 502-573-1598



ELECTRICAL PERMIT

General Information

Date: _____ Permit Number: _____

Customer/Applicant Name: _____

Project Name/Description: _____

Job Site Contact Name: _____ Phone Number: (____) ____ - _____

Address of Site to be Inspected or Intersection: _____

City: _____ County: _____ Zip Code: _____

Electrical Contractor Information

Company Name: _____ Phone: (____) ____ - _____

Company Address: _____

City: _____ County: _____ State: _____ Zip: _____

Email: _____ CE: _____ ME: _____ EE: _____

Any Additional Information: _____

Property Owner Contact Information

Name: _____ Phone: (____) ____ - _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Invoicing Contact Information

Name: _____ Work Order or PO Number for invoice: _____

Address: _____ City: _____

County: _____ State: _____ Zip: _____

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

Comments:

