

CITY OF FAIRBANKS								
EI	LECTRICAL PI	ERMIT APPLIC	EATION	4LY				
	TE NUMBERED SPACES ONLY	PLEASE	,	OFFICE USE ONLY				
. DATE	2. JOB ADDR		Z I KUNT	FICE U				
. LEGAL	LOT NO. BLK	SUBDIVISION	4. JOB NAME	OF	TIME:			
DESCRIPTION	EOT NO. BER	SOBBIVISION	" JOB TANKE					
. APPLICANT	MAIL ADDRESS	CITY/STATE/ZIP	PHONE	E FAX	EMAIL			
. OWNER	MAIL ADDRESS	CITY/STATE/ZIP	PHONE	E FAX	EMAIL			
. CONTRACTOR	MAIL ADDRESS	CITY/STATE/ZIP	PHONE	E FAX	EMAIL			
3. ELECTRICAL CONTR	ACTOR STATE OF ALASKA A	ADMINISTRATOR NUMBER						
. ENGINEER	MAIL ADDRESS	CITY/STATE/ZIP	PHONE	E FAX	EMAIL			
0. DESCRIBE WORK:	_		1	PERMIT FEE	'S		_	
				TERRITITE CONTRACTOR	NO.	EACH	FE	E
			SWITCH					
				TOTAL				
			RECEPTACLE					
			LIGHT					
				TOTAL				
APPL. ACCEPTED	PLANS CHECKED	APPROVED FOR	FIXTURES					
BY DATE:	BY DATE:	ISSUANCE BY: DATE:	TOTAL SQ. FT.					
	NOTICE	ELECTRICAL EQUIP	PER PMENT					
	AT I HAVE READ AND EXAMI E TRUE AND CORRECT. ALL							
	ING THIS TYPE OF WORK WI							
		ING OF A PERMIT DOES NOT						
	THORITY TO VIOLATE OR CA LOCAL LAW REGULATING C							
	NSTRUCTION. I AGREE THAT							
	R THE APPROVED PLANS, SP SET FORTH BY THE BUILDIN							
]	EXPRESS PERMIT							
	AVE READ THE EXPRESS PER			1 BRANCH CIRCUIT				
AM AWARE OF THE RISKS AND RESPONSIBILITIES INVOLVED, SPECIFICALLY, I RECOGNIZE THAT I MUST MAKE APPLICATION AND THAT THE ELECTRICAL			SIGN	BRANCH CIRCUITS				
WORK MUST BE INSPECTED AND MEET THE REQUIREMENTS OF THE NTERNATIONAL ELECTRICAL CODE AS ADOPTED AND AMENDED BY THE CITY			TEMPORARY POWER					
OF FAIRBANKS.			SERVICE	0-200 AMP				
			NEW	201-1000 ANO				
PRINT NAME		DATE	UPGRADE	1001 AMP +				
			SUBTOTAL					
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT DATE			PLAN CHECK FEE					
			PERMIT FEE					
SIGNATURE OF OWNER	(IF OWNER BUILDER)	DATE	TOTAL FEE					
CITY OF FAIRBANKS BU	JILDING DEPARTMENT	800 CUSHMAN STREET, FA	IRBANKS AK 99701	PHONE 459-6720	F	AX 459-6	5719	

Visit Us on Web at www.ci.fairbanks.ak.us

PROJECT NAME: