

CITY OF GOLDSBORO INSPECTIONS DEPARTMENT

200 N. Center Street, Goldsboro, NC 27530

APPLICATION FOR ELECTRICAL PERMIT

Date: _____

Project Address:

Property Owner (Name):

Property Owner Address:

Description of Job:

Commercial: _____

Residential: _____

New Construction: _____

Renovation: _____

Cost of Job: _____

Contractor Name: _____

Address: _____

Contact: _____

Phone: _____

Signature of Applicant if not licensed contractor: _____

By completing and signing this application the applicant certifies that they are the owner of the property listed above and lives at the address where the electrical work is being performed.