

# CITY OF GOLDSBORO INSPECTIONS DEPARTMENT

200 N. Center Street, Goldsboro, NC 27530

## APPLICATION FOR TEMP SERVICE POLE 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.