CITY OF CONWAY, ARKANSAS DEPARTMENT OF PERMIT, INSPECTIONS & CODE ENFORCEMENT 1111 Main STREET CONWAY ARKANSAS 72032

Phone 501-450-6107 Fax 501-450-6144

Application for Temp-Permanent Power For One, Two Family Dwellings and Townhouses

Project Address:			
Building Owner or General Contractor: _			
	(Signature)	(Date)	
Electrical Contractor: _			
_	(Signature)	(Date)	
to the permanent buildin General Contractor and	g electrical service and ele Electrical Contractor are re	ection and approval to transfer electrical power ectrical panel. Signatures of the Owner, equired to acknowledge this request as the electrical systems in the building.	
	horized agent for each of the the requested Temp-Permane	ne above listed parties, is required prior to ent Power.	
the building. Approval of	of final building, electrical, county inspections, and the	ot to be construed as authorization to occupy mechanical, plumbing, fuel gas, fire and oth issuance of a Certificate of Occupancy are	
• •	-	ncluding the occupancy of the structure ancy, shall be subject to penalties as	
made this application and it's trucompliance with all provisions f this permit. I realize the informa approval of plans in connection	ne and correct to the best of my know or the applicable ordinances. I have tion I have affirmed hereon forms a therewith shall not be construed to p	N AND/OR PERJURY, I declare that I have examined and wledge and belief. I agree to construct said improvement in been given authorization from the property owner to obtail basis for the issuance of the permit herein applied for and permit any construction upon said premises or use thereon for her successors in title from complying therewith.	
Applicant Signature	::	Date:	