



Department of Engineering & Inspections
21 South Bruffey Street
P.O. Box 869
Salem, VA 24153
Phone: 540-375-3036 Fax: 540-375-4042
Email: communitydev@salemva.gov

ELECTRICAL PERMIT APPLICATION

Job Address: _____ Job Cost: _____

Your Name: _____

Are you the Property Owner or the Contractor: _____

If the Property Owner: Do you reside at the job address? _____

If the Contractor: Company Name: _____

Company Address: _____

Company's State Contractor's License Number: _____

Class: _____ Expires: _____ License Classification: _____

Master Electrician's Name: _____

Tradesman's Lic #: _____ License Classification: _____ Expires: _____

Phone #: _____ Cell #: _____ Fax #: _____ Email: _____

General description of intended work: _____

Is there a building permit related to this job? If yes, building permit _____

Please classify job: (Please check one)

NEW SERVICE
CHANGE OF SERV WITH NEW WIRING
NEW WIRING ONLY
FIRE ALARM SYSTEM

TEMPORARY
CHANGE OF SERVICE ONLY
CHANGE OF SERV WITH REWIRING
REWIRING ONLY

Is the new or sub fed service overhead or underground? _____

Existing service size _____ amps

New service size _____ amps

What type of heat? _____

Type of hot H₂O? _____

ELECTRICIAN OR OTHERS PERFORMING ELECTRICAL WORK MUST OBTAIN METER LOCATION AND METER BASE FROM THE CITY OF SALEM ELECTRIC DEPARTMENT

APPLICANT SIGNATURE

PHONE

DATE