CITY OF MIDDLETOWN DIVISION OF BUILDING INSPECTION ONE DONHAM PLAZA MIDDLETOWN, OH 45042 513-425-7973 FAX: 513-425-7921 www.cityofmiddletown.org

ELECTRIC

Complete all sections below. Please Print

Application Date:	Permit No(Office	Project No.	(Office Use Only)	
	(Office)		(Office osc offiy)	
Owner		_ Occupant		
RESIDENTIAL (1, 2 or	3 family) COMMERCIAL One-Family attached # of units	Number of Circuits r	new/added	
DESCRIBE PROJECT: _				
TYPE OF WORK: (Check	all that apply) Construction Pole	es and New Construction requi	re separate permits	
New Construction	BUILDING SERVICE ENTRANCE or CONSTRUCTION POLE (must be filled in completely or service cannot be released to Duke Energy.) New Existing House Meter Multiple Meter Base _ Yes _ No Service Conductor Wire: Aluminum _ Copper _ Wire Size No. of Sets Feeder type: Underground _ Overhead _ No. of Meters Amps Voltage Phase No. of Meters Added			
Construction Pole				
Service Entrance				
Baseboard Heat				
Room Addition				
Added Wiring	ADDITIONS OR ALTERATIONS Existing Service Size amps			
Swimming Pool				
Garage		Have you calculated that this addition will not overload the existing service? Yes No		
Heating/Cooling	Yes No			
Contractor:				
Name	Company			
Contact Person		Phone		
comply with the provision of The proposed work is author approval, permit fee must be requested on this application	. I, the undersigned do hereby affirm: f the ordinances of the City of Middletov prized by the owner in fee and I have the pe paid and permit obtained within thirty on may be relied upon by the City in con on under state and local law: Ohio Revi Master License Holder	vn. I will comply with all condition e authorization to make this appli (30) days, or application will be of sidering the permit. Any false state	ns of the permit once issued. ication. Upon notification of canceled. The information atement made knowingly may	
(PI	ease print name)	(Signature))	

NOTE: This application will expire 12 months after plan approval if a permit is not issued, or 12 months after application date if plans are not approved.