



Application for Temporary Power Compliance

Date _____

APPLICANT NAME: _____ COMPANY NAME _____

APPLICANT ADDRESS: _____

CITY: _____ STATE _____ ZIP _____ PHONE NUMBER OF APPLICANT: _____

IF DIFFERENT, OWNER OF PROPERTY _____

OWNER ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PROJECT ADDRESS: _____

PURPOSE OF BUILDING: _____

CONTRACTOR INFORMATION:

COMPANY NAME _____ PHONE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

A CERTIFICATE OF COMPLIANCE APPLICATION MUST BE ON FILE WITH THIS DEPARTMENT PRIOR TO OBTAINING TEMPORARY POWER.

THE PURPOSE OF THIS PERMIT IS FOR TEMPORARY POWER ONLY. IT IS UNLAWFUL TO OCCUPY THE ABOVE REFERENCED PROPERTY WITHOUT A VAILD CERTIFICATE OF COMPLIANCE FROM THIS OFFICE.

SIGNATURE OF APPLICANT AS AGENT OF OWNER _____

Fire Inspection – Timika Bonds @ 704-920-5517