

TOWN OF HIGHLAND

APPLICATION FOR ELECTRICAL PERMIT

PHONE 219-972-7595 FAX 219-972-5097

Date: ____/____/____

Permit # _____

CONTRACTOR'S NAME: _____

PHONE # _____

E-MAIL: _____

PROPERTY OWNER: _____

PHONE# _____

E-MAIL: _____

PROJECT ADDRESS: _____

Describe work to be done: _____

Call 811 BEFORE YOU DIG

Check one of the following: New Service _____ Update _____ Rewire _____

Repair _____ Room Addition _____ Garage Wiring _____

Sign: (check one) 100 Sq.Ft. or Less _____ Over 100 Sq.Ft. _____

Pool: (check one) Above Ground _____ In ground _____

Type of Service _____ Number of Wires _____ Amps _____

Temporary Pole _____ Early Service _____

Contractor's Signature: _____

OFFICE USE ONLY

Number of Inspections: _____

Permit Fee _____

Inspection Fee _____

Approved By: _____ Date: _____

Total Permit Fee _____