

Power Only Inspection Application

Date: _____

Customer Name:
Phone Number:
Email Address:
Location Address for Power:
Structure and Use for Power:
Electrical Contractor: (If not using a contractor, a homeowner's electrical affidavit must be signed.)

Please check one of the following:

- Power Disconnect/Reconnect
- Reconnect (If power has been off for more than 6 months)
- New Service
- Repair

Power Company: Hart EMC GA Power Habersham EMC

Size of Service: _____

Description of Work:

For office use only.

Date approved: _____

Paid: _____

Contacted Power Company: _____