

CITY OF FAIRFIELD BAY

P.O. Box 1400

Fairfield Bay, AR 72088

Department of Building Safety/ Code Enforcement

Phone # (501) 884-3130 Email: ffbc@artelco.com

APPLICATION FOR: ELECTRICAL PERMIT

OFFICIAL USE ONLY	
PERMIT #: _____	INSPECTIONS: Call when ready
DATE ISSUED: _____	Inspector's Comments:
Expiration Date: _____	_____
Issued By: _____	_____
CODE ENFORCEMENT OFFICER: CEO1	_____

Owner's Name:	_____
OWNER CONTACT #	_____
PROJECT ADDRESS:	_____
BUILDING PERMIT #	_____
ELEC. CONTRACTOR:	_____
Master License #	_____
Contractor License #	_____
Contractor Address:	_____
Contractor Phone #	_____
DISCRIPTION OF WORK:	_____

CLASS OF WORK: **NEW** **ADDITION** **REMODEL**

Proposed Use (Occupancy): Residential Commercial Remodel Rental
Number of Inspections: _____ **App. Valuation Of Work:** \$ _____

I herby certify that the above submitted on or with this application is true and correct. Any deviation from information contained herein, unless approved by the BUILDING OFFICIAL will render the permit null and void Permits are based on valuation of work.

_____ Signature of Contractor, Owner or Agent.	_____ DATE	_____ Permit Amount
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