CITY OF FRANKFORT & FRANKLIN COUNTY
ELECTRICAL PERMIT APPLICATION

Date _____ Building Permit #_____**Electrical Permit #**_____

Location _____ Jurisdiction: City ☐ County ☐

House # Street Name

Property Owner _____

Electrical Contractor_____ Email: _____

CE License # _____ME License # _____ County Business License #_____

Address _____ City, State, Zip Code _____

Phone Number _____ Cell Number _____

Type of Inspection (Check appropriate items)

- ☐ $75 Temporary Pole
- ☐ $75 Rough-In: Circuits #_____ ($3 each over 25 circuits)
- ☐ $75 Final: Circuits #____ ($3 each over 25 circuits)
- ☐ $75 Service/Temporary on Main _____
- ☐ $50 120 Day Reconnect_____
- ☐ $50 Reinspection (Each Trip) _____
- ☐ $25 Ditch/Slab (Each Trip)_____
- ☐ $100 Residential Solar _____
- ☐ **Industrial/Commercial: 2% of electric contract including all material (minimum fee $100)**

Type of Building

- ☐ Residential
- ☐ Barn
- ☐ Mobile Home
- ☐ Other

Size of Electrical Service: Volts____ , Amps____, OH/UG _____, Utility Company_____

FOR OFFICIAL USE ONLY

Date	Inspection Type	Approved	Not Approved	Inspector	Payment
	Temporary Pole				
	Rough - In				
	Service/Temp on Main				
	Final				
	Underground				
	120 Day Reconnect				
	Solar				
	Reinspection				
	Reinspection				
	Reinspection				
	Reinspection				
	Reinspection				
Bk Br	MB	Frt Br	Up Br		
Fam	Kit	Din	Den		
BK Pch	Stdy	Sun	Entry		
BS Dn	Bs Fm	Bs/Br	Other		

VIOLATIONS

HOMEOWNER AFFIDAVIT

I hereby certify the electrical work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the National Electric Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the Electrical Inspector. I will cooperate with the Electrical Inspector and assume responsibility to arrange for necessary inspections, as required by the Franklin County Administrative Code.

_____ _____

Homeowner Signature **Date**

State of Kentucky
County of _____

The foregoing Affidavit of Exemption was acknowledged and sworn to before me by _____, this _____ day of _____, 20____.

_____
NOTARY PUBLIC
KENTUCKY STATE AT LARGE

MY COMMISSION EXPIRES _____, 20___