CITY OF GAINESVILLE

Inspection Services Department
P.O. Box 2496
Gainesville, Georgia 30503
Phone 770-531-6750 Fax 678-989-3397 Inspection Request 770-531-6777

Date _____ Permit # _____

Status_____ **Inspector** _____

Gentlemen:

Please issue a Temporary Approval on the Electrical Service conductors and service switch at
_____ _____**for a period of 6 months.**

I hereby assume responsibility and liability for any use of electricity in the building during this temporary period.

It is understood that an extension of this temporary approval must be applied for if the work is not completed at the expiration time; otherwise we understand that you will direct the Utility Company to disconnect the service.

It is further understood that the inspector may refuse to extend this temporary approval for good and sufficient reasons.

It is further understood that no occupancy is to be allowed during use of this temporary approval and that any occupancy will result in a disconnection of the electrical service.

I, or we, relive Gainesville/Hall County and it's Inspectors from any liability for damages or loss for ordering electricity disconnected from the wiring system.

Yours very truly,

_____
General Contractor or Owner Signature

_____
Mailing Address

_____
Tenant Name

_____
Tenant Address

_____
Notary Signature **Date**

Commission Expires: _____

ELECTRICAL CONTRACTOR'S STATEMENT

This service equipment for which approval is being applied for has been installed in accord with all applicable codes and will be ready for inspection on _____(date).

_____ _____

Electrical Business Name Electrical Contractor Signature