



Electrical Permit Application
 Development Services | Permitting & Inspections
 inspections@ci.fay.nc.us
 433 Hay Street Fayetteville, NC 28301
 Phone (910) 433-1707/910-433-1768 Fax (910) 433-1588

Notes: Please fill out application COMPLETELY – Failure to do so will delay processing – Thank you

1. Project Location:

Project Address 524 Hidden Valley Dr.	Project Name Lawson	Tax Parcel Identification Number 053003385100
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2. Contractor Information

Company Name: Baxter's Electrical	Telephone #: 910 425-6500
Address: 2104 Bingham Dr.	Email: Baxterselectrical@aol.com
City/State/Zip: Fay NC 28304	
NC State License Number: 11284	Classification: U
Company Affiliation: <input checked="" type="checkbox"/> Owner – Name:	<input type="checkbox"/> Employee – Name:

3. Owner Information:

Name: Kathy Lawson
Mailing Address:
City: State: Zip:
Email Address: Phone #: 910-322-1924
<input checked="" type="checkbox"/> Property Owner <input type="checkbox"/> Owner's Designee <input type="checkbox"/> Other

4. Is this electrical work part of a building permit project? Yes No **Building Permit Number:** _____

5. Description of Work

<input type="checkbox"/> Commercial	<input type="checkbox"/> New	<input type="checkbox"/> Service Size:	<input type="checkbox"/> Overhead	<input type="checkbox"/> Temporary Pole
<input checked="" type="checkbox"/> Residential	<input checked="" type="checkbox"/> Existing		<input type="checkbox"/> Underground	

6. Please indicate the number of items to be installed:

<i>(Check all that apply)</i>			
<input type="checkbox"/> Outlets	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Deep fat fryer	<input checked="" type="checkbox"/> Heating and Cooling
<input type="checkbox"/> Appliances	<input type="checkbox"/> Disposal	<input type="checkbox"/> Exhaust fan	<input type="checkbox"/> Package
<input type="checkbox"/> Range	<input type="checkbox"/> Washing Machine	<input type="checkbox"/> Walk-in cooler	<input type="checkbox"/> Heat Pump
<input type="checkbox"/> Water Heater	<input type="checkbox"/> Whirlpool/spa	<input type="checkbox"/> Wall-Mount Oven	<input checked="" type="checkbox"/> Split System <i>Reconnect 2 Split Syst</i>
<input type="checkbox"/> Clothes Dryer	<input type="checkbox"/> Microwave	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Other

7. Applicant's Signature & Authorization:

Permit Expiration: The permit will expire if no inspection occurs within the first six (6) months for each trade from the date the permit was issued. If an inspection has been done, the permit will expire 12 months from the date of the inspection.

I hereby certify that all information in this application is correct and all work will comply with the North Carolina State Electrical Code and all other applicable state and local laws, ordinances and regulations. The Inspections Department will be notified of any changes in the approved plans and specification for the projected permitted herein.

[Signature] Signature of Owner/Agent *David Baxter* Printed Name *4-30-21* Date

Permit Fee: _____ Permit Number: _____ Date: / /20