

**CITY OF GOLDSBORO  
INSPECTIONS DEPARTMENT  
PHONE: 919-580-4346  
FAX: 919-580-4315**

**APPLICATION FOR ELECTRICAL PERMIT**

**Date:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Property Owner (Name)** \_\_\_\_\_

**Property Owner Address:** \_\_\_\_\_

\_\_\_\_\_

**Description of job:** \_\_\_\_\_

\_\_\_\_\_

**Commercial:** \_\_\_\_\_      **Residential:** \_\_\_\_\_

**New Construction:** \_\_\_\_\_      **Renovation:** \_\_\_\_\_

**Square Ft:** \_\_\_\_\_      **Value of Job \$:** \_\_\_\_\_

**Charge to Credit Card on File:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_      **Fax:** \_\_\_\_\_