

**LOW VOLTAGE ELECTRICAL PERMIT APPLICATION**

**CITY OF JACKSON**

Telephone: (731) 425-8262

BUILDING DEPARTMENT

Fax: (731) 425-8228

Contractor Information: ID Number \_\_\_\_\_

If you do not have a contractor number assigned by the City you must fill out a request for said number. Ask for the Contractor ID Number Application. Electricians in the City must be licensed by the City.

Contractor Name: \_\_\_\_\_

Licensed Tradesman: \_\_\_\_\_

Property Information:

Project Number: \_\_\_\_\_

Commercial Review Number: \_\_\_\_\_

or  
Residential Building Permit Number: \_\_\_\_\_

Work Location (Address & Space): \_\_\_\_\_

Proposed Use (Tenant Name): \_\_\_\_\_

Location: ( ) City ( ) County

Project Name (Complex Name): \_\_\_\_\_

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

Owner Name (Per Deed): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Class of Work:

( ) New ( ) Addition ( ) Alteration ( ) Repair

Description of Work: \_\_\_\_\_

( ) Telephone ( ) Computer and Data ( ) Cable TV ( ) Burglar/Security ( ) Fiber Optic

( ) Camera Systems ( ) Sound Intercom Systems ( ) Other

Valuation of Work: \_\_\_\_\_

Comments: \_\_\_\_\_

**NOTICE**

This permit becomes null and void if work or construction authorized is not commenced within 6 months, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced.

I hereby certify I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor or Authorized Agent

(Date)

Signature of Owner (If Owner/Builder)

