

**EDGECOMBE COUNTY PLANNING & INSPECTIONS**

P.O. BOX 10, 201 St. Andrew Street  
Tarboro, NC 27886

Phone: 252-641-7802 Email: Inspectionpermits@edgecombeco.com

**ELECTRICAL PERMIT APPLICATION**

Updated July 2021

Application Date: \_\_\_\_\_ Tax/Parcel ID#: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Land Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Land Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(if different from construction address)*

E-911 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
*(Job Site)*

Contractor's Name & License # \_\_\_\_\_ Phone #: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Power Company: \_\_\_\_\_ Premise or Account #: \_\_\_\_\_

Commercial:  Residential:  Contract Price (If Commercial): \_\_\_\_\_

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

**Residential Fees:**

100 amp or ≤	\$ 55.00	Minimum Fee:	\$ 55.00	Generator: \$55.00
110, 200 amp	\$ 55.00	Temporary Pole:	\$ 55.00	
400 amp	\$ 110.00	Reconnect Power:	\$ 55.00	
For every 100 amp ≥ 400 amp	\$ 20.00	Conditional Power:	\$ 55.00	

**Commercial Fees:**

100 amp or ≤	\$ 90.00	Minimum Fee:	\$ 80.00
110,200 Amp	\$ 90.00	Temporary Pole:	\$ 100.00
400 Amp	\$ 135.00	Conditional Power:	\$ 80.00
For Every 100 amp ≥ 400 amp	\$ 30.00	Solar PV Modules:	\$ 5.00 per string (Solar Panels)

Commercial Construction (fees based on square footage of construction): \$ .08 per sq. ft.

*I hereby certify that all information in this application is correct and all work will comply with the National Electrical Code, the State Building Code, and all other applicable State and Local laws and ordinances and regulations. I understand that this is not an authorization to begin work. **Work may only commence after approval and issuance of the permit. Failure to obtain an electrical permit will result in a Stop Work Order and a \$200.00 fine OR twice the permit fee; whichever is greater. Re-inspection fees are charged at \$75(first time) and \$150(2<sup>nd</sup> time plus additional visits) per trip.***

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature of Applicant**

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