



# City of Alpharetta

## TEMPORARY ELECTRICAL SERVICE REQUEST

Request for temporary approval of electrical service conductors and service switch

ALL INFORMATION REQUESTED BELOW IS REQUIRED

Date: \_\_\_\_\_ Building Permit No: \_\_\_\_\_

Project Name and Suite#: \_\_\_\_\_

Project Address: \_\_\_\_\_, Alpharetta, GA, ZIP \_\_\_\_\_

Number of days temp service requested (90 Days Max) \_\_\_\_\_

Electrical Utility Provider - **Required** \_\_\_\_\_

**This system is requested for machinery and equipment testing and check and includes fire alarm system testing and check ONLY.**

- 1. The general contractor thereby assumes all responsibility 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 in a designated period of time the utility company will be directed to disconnect the service.*
- 2. It is understood that the inspector may refuse to extend temporary service for good and sufficient reasons.*
- 3. 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.*

### Contractor Statement:

I, or We, relieve the City of Alpharetta and its employees from any liability for damages or loss due to temporary electrical service approval.

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Signed By: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone# \_\_\_\_\_

### Electrical Contractor Statement:

The service equipment for which approval is being applied for above has been installed in accordance with applicable codes and is ready for inspection.

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Electrical Contractor Signature: \_\_\_\_\_

Electrical Contractor Printed Name: \_\_\_\_\_ Phone# \_\_\_\_\_

GA Card #: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_