



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: _____