



Town of Gaston  
 PO Box 429  
 Gaston, SC 29053  
 803-796-7725

RECEIPT # \_\_\_\_\_  
 ISSUE DATE \_\_\_\_\_  
 FEE AMOUNT: \$30.00

**Electrical Safety**  
**Permit Application**  
 (Temporary Saw Service Pole)

*Application is hereby made for permit to install or modify electrical described herein. The information which follows and the accompanying plans and specifications with the representations therein contained are hereby made apart of this application. ALL ELECTRICAL WORK MUST BE DONE BY A CERTIFIED/LICENSED ELECTRICIAN.*

**BUILDING**

Location / Address	
Owner	Occupant
Description of Proposed Work / Specific Use	

**SERVICE**

# Meters Existing	#Meters to be Added	#Meters Total
Wire Size and Type	Size Ent. Conduit	Service Sw. Amps

TOTAL COST OF JOB	ESTIMATED DATE OF COMPLETION
_____	_____

**APPLICANT/CONTRACTOR (CERTIFICATION / LICENSE REQUIRED)**

It is understood and agreed by the undersigned that the approval of this application does not constitute a privilege to violate the Building Code or other Ordinances of the Town of Gaston and that any omission or misrepresentation of fact with or without intention of the undersigned, or any alteration or change from this application without the approval of the Building Official, shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application.

COMPANY NAME		CONTRACTOR NAME	
ADDRESS			
PHONE	LICENSE #	ME#	
SIGNATURE		DATE	
<b><u>FOR P&amp;D OFFICE USE</u></b>			
TMS#	ISSUED BY	DATE	
INSPECTION APPROVED OR DENIED	BUILDING OFFICIAL	DATE	