



# TOWN OF HAMPTON

BUILDING/ZONING DEPARTMENT  
608 FIRST STREET WEST  
Hampton, SC 29924

Phone: 803-943-2951  
Fax: 803-943-2182  
Email: hampton\_building@embarqmail.com

## ELECTRICAL PERMIT APPLICATION

*I hereby make application for permit to perform the work as described herein and if permit is granted I agree to conform to all ordinances and regulations of the Town of Hampton, S.C., pertaining thereto, whether specified herein or not, and in accordance with plans submitted and approved. I further agree to repair any sidewalks, streets or town property broken or damaged as a result of construction and agree to remove all trash and debris from the site as needed and upon completion of work.*

Date: \_\_\_\_\_ Building Address: \_\_\_\_\_ Lot #: \_\_\_\_\_

### APPLICANT INFORMATION

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### PARCEL INFORMATION

Tax map number: \_\_\_\_\_ Date purchased: \_\_\_\_\_  
*(You will need to contact the tax assessors office to obtain this information 803-943-7508)*

CHECK IF SAME AS APPLICANT

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### CONTRACTOR CHECK IF SAME AS APPLICANT

Primary contractor: \_\_\_\_\_ State license #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contract price: \_\_\_\_\_ Town business license number: \_\_\_\_\_

### PERMIT INFORMATION

Total contract amount: \$ \_\_\_\_\_ Type of work: New \_\_\_ Repair \_\_\_ Addition \_\_\_

#### Check One:

Mobile home service pole: \_\_\_ Service upgrade: \_\_\_ Temporary service pole: \_\_\_

Permanent power on existing building: \_\_\_ Permanent power on new construction: \_\_\_

**Description of work:** *(ATTACH ADDITIONAL INFORMATION, PLANS OR SPECIFICATIONS AS NEEDED)*

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X \_\_\_\_\_ *I hereby certify that information provided is true and correct*  
Authorized agent signature