

PARISH OF ASCENSION

BUILDING DEPARTMENT



REBUILD SERVICE APPLICATION

Please provide **ALL** the following information for review.

Date: _____ Time: _____ Applicant's Name: _____

Owners Name: _____ E-Mail: _____

Municipal Address: _____ Telephone Number: _____

Electric Provider: _____

Contractor Name: _____

Contractor License Number: _____

Notice: Any information written on this application becomes public record.

Project information

Electrical provider _____ Residential ____ Commercial ____

Is this due to an emergency? Y ____ N ____

If "Yes" please explain

Electrical:

Please mark one:

Rebuild/Repair Service _____ Relocating Service ____ Upgrading Service ____

Other: _____

Existing Service size: _____ Amps

New Service size: _____ Amps

615 E Worthey Street

Gonzales, Louisiana 70737

Phone: (225) 450-1002 / Fax: CPU (225) 450-1352 / Web: www.ascensionparish.net