

PARISH OF ASCENSION

OFFICE OF PLANNING AND DEVELOPMENT
BUILDING DEPARTMENT



Rebuild Service

Project Number _____

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

Date: _____ Applicant's Name: _____

Owners Name: _____ Telephone Number: _____

Municipal Address: _____

Applicants Signature _____

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: _____

Size of existing Electrical Service: _____ amps

Size of Electrical Service to be Replaced, Repaired, Relocated or Upgraded: _____ amps

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NOTICE

As of February 8th, 2017 any electrical job that requires a scheduled shut down or the power company has to be notified for the disconnect of the power will have to have the inspection request called in the day before to be inspected the next day. Emergencies will still be handled same day and on a first come first serve basis.

To obtain an electrical permit for a “Rebuild/Repair service”, “Relocate service” and / or “Service upgrades”, we will require the contractor / permit holder to present a **detailed drawing** of the required work and materials to be used. This will assist in a prompt inspection process and insure the power is restored as soon as possible.

When you notify the power company for the disconnect you need to notify our department the same day to afford us the same amount of time.

Contractor

Electric: _____ Parish License # _____

To be filled out by Parish Employee

Required Documents for Plan Submittal

Site Plan _____ Electrical Diagram _____ (If non-emergency)

Payment Information _____

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Employee's Initials _____

Project # _____