Department of Inspections
HINESVILLE
GEORGIA

115 E. M. L. KING JR DRIVE
HINESVILLE, GEORGIA 31313
912-876-4147
912-876-4770 (FAX)

REQUEST FOR TEMPORARY ELECTRICAL SERVICE

DATE OF REQUEST: _____ PERMIT NUMBER: _____

PROJECT NAME: _____ ☐ COMMERCIAL ☐ RESIDENTIAL

PROJECT LOCATION: _____

BUILDING OWNER: _____ PHONE: _____

GENERAL CONTRACTOR: _____ LICENSE# _____

PHONE NUMBER(S) OFFICE: _____ MOBILE: _____

ELECTRICAL CONTRACTOR: _____ LICENSE#: _____

PHONE NUMBER(S) OFFICE: _____ MOBILE: _____

ELECTRICAL SERVICE PROVIDER: CANOOCHEE EMC ☐ GEORGIA POWER ☐ SERVICE ORDER NUMBER: _____

Service Days Requested ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ 30 ☐ 60 ☐ 90

Purpose for Service: ☐ Equipment Testing ☐ Seasonal Event ☐ Other (Specify) _____

Justification for Request: _____

REQUIREMENTS

1. Building address shall be clearly posted.
2. Requesting electrician shall be present at the job site during the inspection of all equipment that is to be temporarily energized during the period requested.
3. The requesting electrician shall have all dead front covers removed from all enclosures of service equipment to be temporarily energized by this request prior to the arrival of the electrical inspector. Covers will be replaced immediately after the inspection is completed and deemed safe to energize by the electrical inspector.
4. The requesting electrician shall have sole access control to equipment rooms containing electrical service equipment and/or enclosures of electrical service equipment.
5. Access doors to rooms containing electrical service equipment shall remain secured at all times during the temporary electrical service period.
6. **The building will not be occupied by anyone nor be allowed to place interior furnishings in any room of the building until a certificate of occupancy (CO) is issued by the Director of Inspections**

PLEASE NOTE: If any of the above listed requirements are not followed as stated, there could be a delay or denial in the granting of temporary services or in the case that the temporary service request was granted, service disconnection will be considered.

Requesters Printed Name: _____ *Signature:* _____ *Date:* _____

OFFICIAL USE ONLY
APPLICANT DO NOT WRITE IN THIS AREA

☐ PASSED ☐ FAILED _____ Electrical Inspector _____ DATE

COMMENT _____

☐ GRANTED ☐ DENIED _____ Director of Inspections _____ DATE

COMMENT _____

TEMPORARY ELECTRICAL SERVICE PERIOD EXPIRATION DATE: _____ **TOTAL DAYS GRANTED:** ____