

CITY OF BAKER
Application for Electrical Permit

Date _____

Name of Owner _____

Street Address _____

Lot _____

Subdivision _____

Residential _____

Commercial _____

New _____

Addition _____

Remodel _____

Size of Service Switch _____ Amps

Type of Service 2-Wire _____ 3-Wire _____ 4-Wire _____

Number of Branch Circuits _____

Electrical Signs _____

Motors - Number _____ Size _____

Number _____ Size _____

This is to state that (applicant) _____ has certified all work is to be done in accordance with the electrical regulations set forth by the City of Baker.

Company Name _____

Telephone Number _____

Fee _____ Check Number _____ Cash _____

Building Permit Number _____ Electrical Permit Number _____

NOTE: DOCUMENT ON GREEN BUILDING CARD IF NOT A SINGLE JOB PERMIT

Post Office Box 707 / Baker, Louisiana 70704 / (225) 778-0850 / Fax (225) 775-5635