

# KUB ELECTRICAL PERMIT APPLICATION

## FAX TO 865-558-2215

Please check here for Fax Confirmation   
*(Your fax # must be included)*

Electrical Contractor: \_\_\_\_\_ **STATE LICENSE #** \_\_\_\_\_ (Required)

Electrical Contractor's Address: \_\_\_\_\_

Electrical Contractor's Phone # \_\_\_\_\_ FAX # \_\_\_\_\_

**Note: We have changed our credit card process.**

**We will still accept faxed requests however card information will not be retained on file.**

**Therefore, we must speak with card owner before payment can be processed.**

**PLEASE CALL (865) 558-2564 TO PROCESS PAYMENT**

PERMIT # \_\_\_\_\_ (Provided by KUB)

**PERMIT TYPE:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> 1 – Single Family | <input type="checkbox"/> Final/Amp_____ | <input type="checkbox"/> HVAC                      |
| <input type="checkbox"/> 2 – Multi-Family  | <input type="checkbox"/> Rough-In       | <input type="checkbox"/> Service Release/Amp _____ |
| <input type="checkbox"/> 3 – Ind/Comm      | <input type="checkbox"/> Underground    | <input type="checkbox"/> Re-Inspect                |
| <input type="checkbox"/> 4 – Mobile Home   | <input type="checkbox"/> Temporary_____ | <input type="checkbox"/> Consultation              |
| <input type="checkbox"/> 5 – Other * _____ |   |  |

DATE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

ADDRESS (House #, Lot #, Street, and Subdivision Name): \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

Issue Agent ID# 0099- Middlebrook Pike Power Supplier ID #KUB – 0099

Service Size	0 – 200	201 – 400	401 –600	601 – 1000	Rough-In - Underground	Temp	Re-Inspect	Consultation	Service Release	HVAC
Permit Fee	\$27.00	\$40.00	\$50.00	\$90.00	\$27.00	\$27.00	\$27.00	\$50.00		\$27.00
#Inspections										
									Issue Fee	\$5.00
									Total	

**\*\*\*BE SURE TO INCLUDE A COPY OF YOUR RENEWED STATE LICENSE WITH YOUR FAX\*\*\***

**\*\*\*\*PLEASE ALLOW ONE BUSINESS DAY TO PROCESS PERMIT REQUEST\*\*\*\***