## **KUB ELECTRICAL PERMIT APPLICATION FAX TO 865-558-2215**

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

Electr	ical Contra	actor:		STATE LICENSE #(Required)							
Electrical Contractor's Phone #							FAX #				
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		<u>PLE</u>	ASE CAL	L (665) 55	58-2564 TC	PROCE	<u>33 PATIVI</u>	<u>eni</u>			
	PERMIT #						(Provided by KUB)				
PERMIT TYPE: □1 – Single Family				□ Final/Amp			□ HVAC				
	□2 – Multi-Family			·			□ Service Release/Amp				
	□3 – Ind/Comm				☐ Underground			·			
	□4 – Mobile Home			□ Temporary			□ Consultation				
	□5 – Other *				Solar Installation* YES / NO						
DATE: COUNTY:											
CUST	OMER NA	AME:								<del></del>	
ADDR	RESS (House	e #, Lot #, Stree	et, and Subdivis	sion Name):							
CITY,	STATE, Z	ZIP:									
Issue	Agent ID#	0099- Mic	<u>ddlebrook</u>	<u>Pike</u> Po	ower Suppl	ier ID # <u>Kl</u>	<u>JB – 0099</u>				
Service Size	0 – 200	201 – 400	401 –600	601 – 1000	Rough-In - Underground	Temp	Re-Inspect	Consultation	Service Release	HVAC	
Permit Fee	\$35.00	\$40.00	\$50.00	\$90.00	\$35.00	\$35.00	\$35.00	\$50.00		\$35.00	
#Inspections											
		<u> </u>		<u>-</u>	<u>L</u>		<u>.</u>	<u> </u>	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\*\*\*