



Board of County Commissioners

Office of Planning & Development

107 N Gross Rd Ste 3 • Kingsland, GA 31548

Ph: (912)729.5603 • Fax: (912)729.5543 • www.camdencountyga.gov

ELECTRIC PERMIT APPLICATION

Parcel No.: _____

Project Address: _____

Applicant

Name: _____ Phone No. (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Owner

Name: _____ Phone No. (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Contractor

Name: _____ Phone No. (____) _____ - _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Local Business License #: _____ Jurisdiction: _____

State Contractors License #: _____

Project Information

GA Power OREMC

New Repair Service Change Temp Pole Permanent Power Other

Description of Work: _____

Licensed Electrician/Owner Signature

Date

An on-site inspection will be conducted by a member of the Camden County Assessors Office for all permits issued.
Please call 912-576-3241 with any questions.



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TEMPORARY ELECTRICAL SERVICE AFFIDAVIT

Owner Name: _____

Address: _____

Parcel No: _____ Permit No: _____

This letter is to confirm the understanding of the owner/contractor to the compliance requirement of the Georgia State Minimum Construction Codes.

I hereby declare that the requested temporary electrical power is intended for the completion of the construction process and the testing of equipment installed within the structure. Electrical service will be released for thirty (30) days only. Temporary service will be automatically disconnected, except for approved.

It is understood and agreed by the undersigned that the issuance of temporary power **DOES NOT** constitute approval to occupy the structure. ***A Certificate of Occupancy must be issued prior to the structure being occupied.***

The owner/contractor is hereby held responsible for any violations to this policy. A violation of this policy constitutes a violation of the Camden County Unified Development Code and may result in the discontinuance of the electrical service.

OWNER: _____ DATE: _____
Authorized Signature

CONTRACTOR: _____ DATE: _____
Authorized Signature