OF FAIRBY	
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
LASKA	$\mathbf{E}$

## CITY OF FAIRBANKS

PROJECT NAME/NUMBER:

							rioni	OFFICE USE ONI					
CASID			LPE	CRMIT A	PPLI	CAI	ION	USE					
PPLICANT TO COMPLETE . DATE		S ONLY IOB AD	DDECC	PLEASE 1	PRINT			CE					
. DATE	2	IOB AD	DKESS					FFI					
LEGAL DESCRIPTION	PAN # LO	T NO.	BLK	SUBDIVISION			4. JOB NAME	0					
. APPLICANT	MAIL ADDRES	S		CITY/STATE/ZIP		PHONE	FAX			EMAIL			
6. OWNER	MAIL ADDRES	S		CITY/STATE/ZIP		PHONE	FAX			EMAIL			
. CONTRACTOR	MAIL ADDRES	S		CITY/STATE/ZIP		PHONE	FAX			EMAIL			
6. ELECTRICAL CONT	TRACTOR STATE	OF ALA	ASKA ADN	MINISTRATOR NUM	BER								
. ENGINEER	MAIL ADDRES	S		CITY/STATE/ZIP		PHONE	FAX		EMAIL	,			
0. USE OF STRUCTU	RE				12. CLASS	OF WOI	RK: NE	w 🔲 A	ALTER A	ATION [	REPAII	R□ AI	ODITION
					13. FIXTUR	ES/EQUIF	PMENT	NO.	EACH		PERMIT FI	EE (OFFIC	CE)
1. DESCRIBE WORK:	:				SWITCH								
							TOTAL						
					DECEMBA C	u c	TOTAL						
					RECEPTAC	LE							
					LIGHT								
						·	TOTAL						
					FIXTURES								
CONDITIONS (OFFICE)				AMOUNT									
(	,				TOTAL SO	). FT.							
					ELECTRICA	AL EQUIP	MENT						
	NOT	ICE											
I HEREBY CERTIFY THAT THE SAME TO BE TRUE	AND CORRECT. ALL	PROVISIO	ONS OF LAW	S AND ORDINANCES									
OR NOT. THE GRANTIN	NG OF A PERMIT DOES	S NOT PR	ESUME TO C	IVE AUTHORITY TO									
REGULATING CONSTRUCT		MANCE O	OF CONSTRU	CTION. I AGREE THAT									
THE WORK WILL BE DESC CONDITIONS F	URTHER SET FORTH	BY THE B											
THE UNDERSIGNED, H		ESS PERM				1 BRA	NCH CIRCUIT						
AWARE OF THE RISKS AND RESPONSIBILITIES INVOLVED, SPECIFICALLY, I RECOGNIZE THAT I MUST MAKE APPLICATION AND THAT THE ELECTRICAL WORK MUST BE INSPECTED AND MEET THE REQUIREMENTS OF THE ELECTRICAL CODE AS ADOPTED		SIGN BRANCH CIRCUITS											
AND AMENDED BY THE CITY OF FAIRBANKS.  Note: The City of Fairbanks charges a convenience fee up to 3.6% (minimum \$2.50) on cre and debit card transactions not related to garbage collection.		nimum \$2.50) on credit ection.	TEMPORARY POWER										
		·			SERVICE		0-200 AMP						
					NEW		201-1000 ANO						
RINT NAME				DATE	UPGRADE	E	1001 AMP +						
					APPROVED FOR ISSUE BY:			SUB	TOTAL				
IGNATURE OF CONTRA	ACTOR OR AUTHOR	RIZED A	GENT	DATE			PL	AN CHE	CK FEE				
					DATE:				PERN	/IIT FEE			
IGNATURE OF OWNER	(IF OWNER BUILD	ER)		DATE					TOT	AL FEE			
TTY OF FAIRBANKS BU	ILDING DEPARTM	ENT		800 CUSHMAN ST	REET, FAIR	BANKS A	K 99701	Р	HONE 45	59-6720		FAX 4	59-6719

Visit Us on Web at www.fairbanksalaska.us

1/29/2025