



# CONDITIONAL UTILITY REQUEST

Phone: 919-249-3418

## INSPECTION DIVISION

<b>Power Type:</b>	<input type="checkbox"/> Conditional electrical service
	<input type="checkbox"/> Conditional gas service

Application Date \_\_\_\_\_ Permit No. \_\_\_\_\_  
**Project Address** \_\_\_\_\_ **Apex, NC ZIP** \_\_\_\_\_  
 Subdivision \_\_\_\_\_ Project Name \_\_\_\_\_  
 Property Owner \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### Scope:

- List panels and circuit numbers and/or gas equipment to be made active for which application is made (be specific): \_\_\_\_\_
- List the intended use for each item listed in #1 above: \_\_\_\_\_
- List the duration of time of the temporary use for each item listed above (not to exceed \_\_\_\_\_ days): \_\_\_\_\_

### Agreement:

- I (we) understand that the general contractor, subcontractors, and property owner(s) shall assume responsibility for maintaining the building in a safe and secure manner while under conditional temporary electrical services as provided per Article 110.26 and Article 590 of the North Carolina Electrical Code.
- I (we) understand and accept as a condition to this approval that: should the building be occupied prior to the issuance of a Certificate of Occupancy or any deviation from the terms for which it is authorized, this shall constitute a breach of this agreement and, therefore, will be immediately revoked and that the electrical utility company will be directed to disconnect conditional temporary electrical service to the building or structure.
- I (we) do hereby attest by my signature that I am authorizing my company's license holder to grant written permission for the respective systems listed in #1 above to be operated/energized by this agreement.

_____	_____	_____
Electrical Contractor/Company	Name of Authorized Representative (print)	Authorized Representative Signature and Date
_____	_____	_____
Mechanical Contractor/Company	Name of Authorized Representative (print)	Authorized Representative Signature and Date
_____	_____	_____
Plumbing Contractor/Company	Name of Authorized Representative (print)	Authorized Representative Signature and Date

### Property owner:

I do hereby attest by my signature that, to the best of my knowledge, the above signature are those individuals authorized by their respective license holder to grant permission for their respective systems to be operated/energized by this agreement:

_____	_____	_____
Property Owner	Name of Authorized Representative (print)	Authorized Representative Signature and Date

#### ATTEST:

North Carolina County Of: Wake

I, \_\_\_\_\_, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing agreement.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires \_\_\_\_\_  
Notary Public

### General Contractor (if different than property owner):

I do hereby attest by my signature that, to the best of my knowledge, the above signatures are those individuals authorized by their respective license holder to grant permission for their respective systems to be operated/energized by this agreement:

_____	_____	_____
General Contractor	Name of Authorized Representative (print)	Authorized Representative Signature and Date

#### ATTEST:

North Carolina County Of: Wake

I, \_\_\_\_\_, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing agreement.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires \_\_\_\_\_  
Notary Public