



GWINNETT COUNTY
Department of Planning & Development
One Justice Square
446 West Crogan Street
1st Floor, Suite 150
Lawrenceville, Georgia 30045
Phone: 678.518.6000 Fax: 678.518.6028
www.gwinnettcounty.com

TO: All Electrical Contractors

Please issue a temporary approval on the electrical service conductors at:

Street _____ Subdivision/Project _____

BP# _____ Lot & Block/Space/Suite _____

for a period of _____ days.

This request is made in order to _____
in accordance with the Gwinnett County Construction Code 103.10.2, Temporary Connection.

In asking your approval to energize these conductors on a temporary basis, we agree to the following:

1. We assume all responsibility and liability for any use of electricity in the building during this temporary period.
2. It is understood that no occupancy is to be allowed during use of this temporary approval and that occupancy will result in immediate disconnection of electrical service.
3. We relieve Gwinnett County and its inspectors and the utility company from any liability for damage or loss from ordering electricity disconnected from the wiring system.
4. A licensed electrician will be responsible for the job site.
5. We understand that a court summons will be issued for violations of violations of any of the agreements set forth herein and we agree to act as the responsible agents of our respective companies in answering said summons.
6. We understand that any violation of the above will be taken into consideration in future applications by us for other temporary approvals.
7. We understand and agree that in ordering the utility company to connect this service that you have also ordered them to disconnect it at the close of business hours on the last date covered by this letter unless this building has received all final inspections required by law and Certificate of Occupancy issued.
8. We assume all responsibility for any damage or injury resulting from this connection.

Electrical Contractor's Name (Please print)

Owner or Designee (Please Print)

Electrical Contractor's Signature

Owner or Designee Signature

Electrical State License Number

Company's Name/ Address & Telephone Number:

Owner's Name/Address & Telephone Number:

Notary's Signature & Seal

Date

Notary's Signature & Seal

Date



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TO: All Electrical Contractors

The following information is requested to determine whether or not the electrical equipment you are requesting service for meets the requirements of the National Electrical Code (NEC 110-9, 110-10,) as it pertains to the available short-circuit current.

Please complete this form and submit with your request for temporary service.

Building Permit Number: _____

Available Fault Current at line side of service disconnect: _____

Main panel overcurrent device

Type: _____

Size: _____

Interrupting Rating: _____

Electrical Contractor's Name (Please Print) _____

Electrical Contractor's Signature _____ Date: _____

Electrical Permits
(678) 518-6020

Electrical Inspectors
(770) 822-7580

Automated Inspection Requests
(678) 518-6277