

City Of Savannah, Missouri
Electrical Permit

Date: _____

Job Address _____ Permit # _____

Owners Name _____ Date: _____

Contractor _____ Business License # _____
Phone # _____

Description of Work and project
cost: _____

Type of Work: ___ New Service ___ Repairs ___ Alteration

Service Size: _____ AMP Panel Rating _____

Note: All Work to conform to 2006 ICC or City of Savannah, Mo. Codes.

Permit Fees Double if work has started before obtaining a permit.

Zoning _____

Permit Fee _____

Permit Accepted By: _____ Date: _____

Approved By: _____, Electrical Inspector or Agent