



MASTER ELECTRICAL PERMIT LOG

PROJECT INFORMATION

Facility Name _____ Address: _____
Contact Person _____ Phone: _____

PRINT ONLY

Location of work _____ Date of work _____
Contractor _____ Installer name _____
Circuit No _____ Panel No _____ Job No _____
Remarks _____
Inspection Date _____ Approved Not Approved

PROJECT INFORMATION

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Contractor _____ Installer name _____
Circuit No _____ Panel No _____ Job No _____
Remarks _____
Inspection Date _____ Approved Not Approved

PROJECT INFORMATION

Contractor
Name _____ Sign _____ Date _____
Inspector
Name _____ Sign _____ Date _____

Development Services & Permitting Center