



**TOWN OF BLUFFTON
REQUEST FOR PERMANENT
SERVICE / OPTION 3**

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843)706-4500
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

Permit #	Project Address:
Request for Permanent Service Form. Please read the following carefully, fill in the fields, initial and sign in the appropriate areas.	
<p>1. <i>The Contractor of Record on the permit understands the following:</i></p> <ul style="list-style-type: none">a. <i>they will only utilize the GFCI protected circuits; and</i>b. <i>they will have a locked panel box; and</i>c. <i>all life safety measures have been installed and met; and</i>d. <i>the HVAC is in place prior to inspection.</i> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>(Contractor of Record Initial)</i></p> <p>2. <i>The Electrician of Record on the permit understands the following:</i></p> <ul style="list-style-type: none">a. <i>The electrical panel will be locked at all times; and</i>b. <i>The electrical panel can be unlocked only when the electrician is on the job site; and</i>c. <i>The key to the electrical panel will be in the sole possession of the electrician of record for this job;</i> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>(Electrician of Record Initial)</i></p>	
<i>The Contractor and Electrician of Record will be the responsible parties for the above jobsite safety to be maintain at all time. If you do not maintain the jobsite safety as the above-prescribed method states, service will be disconnected at this jobsite and the permanent service will be conducted at the time of final inspection.</i>	
Signature of Primary Contractor/Authorized Agent of Record: _____	
Print Name: _____	Date: _____
Signature of Electrician/Authorized Agent of Record: _____	
Print Name: _____	Date: _____
Print Company Name: _____	