

DEPARTMENT OF RESOURCE MANAGEMENT

Building Division

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SUPPLEMENTAL ELECTRIC APPLICATION

(Rev: 01-03-23)

APN: _			<u> </u>		PERMIT#:		
<u>PLEASI</u>	E COMP	LETE THE FOLLOWIN	<u>G:</u>				
1.	SERVICE: () NEW		() RESET	() UPGRADE	() CHANGE OUT LIKE FOR LIKE		
2.	TYPE:	() RESIDENTIAL	() COMMERCIAL	() TEMPORARY	() AGRICULTURAL	() OTHER	
3.	DESCR	IPTION OF WORK:					
4.	LOCAT	ION:					
5.	IF RESETTING METER, DATE METER WAS DISCONNECTED:						
6.	RESIDENTIAL: WHAT YEAR WAS THE STRUCTURE/MOBILE HOME PLACED ON PROPERTY?						
7.	COMMERCIAL/INDUSTRIAL: WHAT YEAR WAS IT CONSTRUCTED? PERMIT #:						
	PAST USE OF BUILDING:						
	WHAT	WHAT IS THE INTENDED USE NOW?					
8.	PLEASE ATTACH A SITE PLAN WITH THE FOLLOWING INFORMATION:						
	A. ALL STRUCTURES ON THE SITE AND LABELED						
	В.	STREET NAME AND	LOT FRONTAGE				
	C.	C. NORTH DIRECTIONAL ARROW					
D. INDICATE LOCATION OF PROPOSED ELECTRIC METER AND WHAT WILL BE SER							
	E.	E. INDICATE ANY OTHER ELECTRIC METER(S) ON SITE					
	F.	APPROXIMATE PAR	RCEL SIZE IN	ACRES /	SQ FT		
PLEASE	E NOTE:	LOAD CALCULATION	S MAY BE REQUIRED.				
location acknown the needed	on or on wledges parcel, d; and 2)	the same parcel wil that 1) other permit whichever may be	I be issued in the fut ts will be required fo permitted, and may subject to the zoning	ture by Shasta Country the construction of the required for the	hat any other permit fo ty. By accepting this per r installation of a buildin e use or activity for wh ed ordinances and develo	mit, the applicant g or mobile home nich this permit is	
Applicant Signature					 		