

DEPARTMENT OF RESOURCE MANAGEMENT

Building Division

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SUPPLEMENTAL ELECTRIC APPLICATION

(Rev: 10-06-20)

APN#:					PERMIT#:		
PLEAS	E COMP	LETE THE FOLLOWIN	<u>G:</u>				
1.	SERVIC	SERVICE: () NEW () RESE		() UPGRADE) UPGRADE () CHANGE OUT LIKE FOR LIKE		
2.	TYPE:	() RESIDENTIAL	() COMMERCIAL	() TEMPORARY	() AGRICULTURAL	() OTHER	
3.	DESCR	IPTION OF WORK:					
4.	LOCATION:						
5.	IF RESE	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 IS THE INTENDED USE NOW?						
8.	PLEASE ATTACH A SITE PLAN WITH THE FOLLOWING INFORMATION:						
	A.	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 ANI					WHAT WILL BE SERVED		
	E.	E. INDICATE ANY OTHER ELECTRIC METER(S) ON SITE					
	F.	APPROXIMATE PAR	RCEL SIZE IN	ACRES /	SQ FT		
PLEASI	E NOTE:	LOAD CALCULATION	S MAY BE REQUIRED.				
location acknown on the neede	on or on wledges parcel, d; and 2	the same parcel will that 1) other permit whichever may be p) each permit will be	be issued in the futu ts will be required fo ermitted, and may b	ure by Shasta Count r the construction o be required for the u ng, building, and rela	It any other permit for use. By accepting this perming this perming this perming this perming the second second to the second the s	nit, the applicant g or mobile home his permit is	
Applicant Signature					 Date		