

ELECTRICAL TEMPORARY POWER LETTER

4800 Ashford Dunwoody Road | Dunwoody, GA 30338 Phone: (678) 382-6800 | Fax: (770) 396-4828

TO: All Electrical Contractors Please Issue a temporary approval on the electrical service conductors at: **Street Address:** Subdivision/Project: **Building Permit Number:** Lot & Block/Space/Suite: for a period of ____ ____ days. This request is made in order to In asking your approval to energize these conductors on a temporary basis, we agree to the following: assume all responsibility and liability for any use of electricity in this building/structure during this temporary period. 2. It is understood that no occupancy is to be allowed during use of this temporary approval, and that occupancy will result in immediate disconnection of electrical service. 3. We relieve the City of Dunwoody and any consultants of the city of Dunwoody and its inspectors, and utility company from any liability for damage or loss from ordering electricity disconnected from the wiring system. 4. A state licensed electrician will be responsible for the job site. 5. We understand that any violation(s) of the above will be taken into consideration in future applications by us for other temporary approvals. 6. We understand and agree that in ordering the utility company to connect this service that you have also ordered them to disconnect it at the close of business hours on the last date covered by this letter unless this building/structure has received all final (approved) inspections required by law and a certificate of occupancy or completion has been issued. 7. We assume all responsibility for any damage or injury resulting from this connection. The following information is requested to determine whether or not electrical equipment you are requesting service for meets the requirements of the National Electrical Code (NEC 110-9,110-10) as it pertains to the available short-circuit current. Available fault current at the line side of the service disconnect: _____ Main panel overcurrent device: ______ Size ______ Interrupting Rating ___ Type _ **Electrical Contractor's Name** Owner or Designee (Please Print) **Electrical Contractor's Signature** Owner or Designee Signature **Electrical State License Number Expiration Date** Company's Name / Address & Phone Number: Owner's Name / Address & Phone Number: THIS SECTION FOR NOTARY USE ONLY Subscribed and sworn to me on this Subscribed and sworn to me on this ____ day of ______, 20____ _____ day of ______, 20_____

Seal

Notary's Signature

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Notary's Signature