



ELECTRICAL PERMIT

Department of Building, Planning, & Development

210 S Cedar St PO Box 506 Auburn IN 46706 | 260.925.6449 | 260.920.3342 fax | bpd@ci.auburn.in.us

APPLICANT/PROPERTY OWNER INFORMATION

Applicant	Name / Company		
	Address/City/State		
	Phone / Email		
Property Owner Same as applicant	Master License #		
	Name		
	Address/City/State		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone / Email		

PROJECT LOCATION

Address
Subdivision, Lot

PROJECT INFORMATION

Project Description <i>(include repairs offire or flood/water damage, if applicable)</i>
--

Does your project need a State Design Release? <input type="checkbox"/> Yes <input type="checkbox"/> No	Release #: _____	Projects need a State Design Release, if any of following apply:
		<ul style="list-style-type: none">▪ Open to Public▪ 3 or more tenants▪ 1 or more employees with access▪ Or other criteria outlined in Indiana Code §22-12-1-4

Permit Type	<input type="checkbox"/> Temporary	<input type="checkbox"/> Premise	<input type="checkbox"/> Permanent
Work Type	<input type="checkbox"/> New	<input type="checkbox"/> Repair	<input type="checkbox"/> Upgrade
Main Line Location	<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground	
Voltage	Amps	Phases	Square Footage
Start Date	Completion Date		

APPLICANT SIGNATURE

I, the owner or authorized applicant of the owner, agree that any construction, reconstruction, enlargement, relocation, or alteration of a structure, or any change in the use of land or structures requested by this application will comply with, and conform to, all applicable laws of the State of Indiana, applicable electrical codes, and the Unified Development Ordinance of Auburn Indiana. The information provided in this application is true and accurate to the best of my knowledge.

**Pursuant to Ordinance No. 2022-23, all fees are non-refundable regardless of whether the permit is or is not used by the applicant. All fees are non-refundable regardless of the reason for said request.

Signature of Applicant/Authorized Representative

Printed Name

Date

**Anytime you need inside a meter base you must schedule a disconnect/reconnect with Auburn Electric.
Please call 260-925-8232.**

OFFICE USE ONLY

Rec'd By/Date		Temporary/Hookup		\$
Service Area		Premise Wire		\$
Issued By/Date		Permanent Service		\$
Receipt #		Total Fees		\$