

City of Paragould

Office of Planning and Development

Electric Permit Application

Phone: 870-239-7513

Date: _____

Project Address: _____

Contractor / Owner Name: _____ Phone Number: _____

Electrical Contractor: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

License Number: _____ Expiration Date: _____

Email: _____

Arkansas State Contractor's License Number: _____ Expiration Date: _____

Property Use: Residential: _____ Commercial: _____

Type of Work: New Construction: ____ Add-on/Remodel: ____ Meter: ____ Service change-out: ____

Pool: ____ Solar Panels: ____

Service Size: _____ Amp Service Type: Overhead: ____ Underground: ____

Number of Circuits _____