



**Rowan County Building Inspections Department**  
402 N. Main Street, Suite 207, Salisbury, NC 28144  
[p] 704-216-8619  
[www.rowancountync.gov/inspections](http://www.rowancountync.gov/inspections)

## Application for Temporary Utility Service

Application Date: \_\_\_\_\_

Associated Building Permit # \_\_\_\_\_

Application is made for:  Electrical  Gas Service

Power/Gas Company: \_\_\_\_\_

Service in the name of: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

I, the undersigned hereby request temporary service for \_\_\_\_\_ days (90 days maximum) from the above date upon approval by Rowan County Building Inspections Department, and further request that on the following day after the temporary service expires that the service be disconnected unless a permanent Certificate of Occupancy has been issued.

I, do hereby, release and agree to indemnify, save and hold harmless Rowan County, its employees, and the Utility Company from any and all liability due to or arising from the Rowan County Building Inspections Department causing the utility service to the above mentioned premises to be connected or disconnected. Temporary service is issued solely as a courtesy for the completion of construction and the building is not to be occupied until a Certificate of Occupancy is issued or unless agreed upon in writing by the inspector. Any violation of the above will automatically void temporary service. I accept sole responsibility for safeguarding of persons and property from hazards arising from the use of electricity or gas delivered by said utility

I, accept sole responsibility to extend time by way of a new application. Otherwise, as of the expiration date, the power/gas will be terminated with no further notification from the Rowan County Building Inspections Department.

Expiration Date: (Application date + number of days requested) \_\_\_\_\_

Owner or Authorized Agent Signature: \_\_\_\_\_

Electrical Contractor Name/Company: \_\_\_\_\_ License # \_\_\_\_\_

Email address: \_\_\_\_\_

Electrical Contractor Signature: \_\_\_\_\_

Mechanical Contractor Name/Company: \_\_\_\_\_ License # \_\_\_\_\_

Email address: \_\_\_\_\_

Mechanical Contractor Signature: \_\_\_\_\_