



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 form 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: _____



Credit Card Authorization
VISA, MASTERCARD AND AMERICAN EXPRESS ONLY

This form authorizes payment by credit card for monetary transactions by Rowan County Building Inspections. This includes but is not limited to building or trade permits, re-inspection fees, plan review, conditional power, etc. This form may be faxed, mailed or delivered in person. This form will not be accepted via email.

Building Electrical Plumbing Mechanical

Permit Number associated with re-inspection fee _____

CHECK TYPE OF CARD: MasterCard Visa American Express

CARD NUMBER _____

EXPIRATION DATE: _____

NAME AS IT APPEARS ON THE CARD: _____

CARD HOLDER SIGNATURE: _____

BILLING ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: (_____) _____ - _____

EMAIL ADDRESS: _____

RETURN THIS FORM TO: **Rowan County Building Inspections**
 402 N. Main Street Suite 207
 Salisbury, NC 28144
 Or by fax: 704-216-7986

This Credit Card Authorization Form will not be kept on file for future use.