



City of Senatobia

MISSISSIPPI

131 N. Front St. Senatobia, MS 38668
P.O. Box 1020 Phone: 662-562-4474 Ext 3
permitrequest@cityofsenatobiams.gov

Electrical Permit

Contractor _____ License No _____
Contractor Address _____
Job Site Address _____ Contractor Phone # _____
Job Site Owner _____ Phone # _____
Contractor/Owner Email Address: _____
Subdivision/Lot _____
Residence _____ Addition _____ Commercial/Industrial _____ Other _____

Residential

New Service Amps _____ \$0.40 _____
Additions/Renovations _____
Service Amps Added _____ \$0.40 _____
Each Added Circuit _____ \$7.00 _____
Add to Existing Circuit _____ \$20.00 _____
Change out meter base _____ \$30.00 _____

Commercial/Industrial

New Service Amps _____ \$0.80 _____
Additions/Renovations _____
Service Amps Added _____ \$0.80 _____
Each Added Circuit _____ \$15.00 _____
Add to Existing Circuit _____ \$40.00 _____
Change out meter base _____ \$45.00 _____

Re-inspection Fee = \$100.00

Total Fees Due _____

****Minimum Permit Fee = \$40.00**

I, the undersigned, certify that the described work listed on this permit is true and correct. I acknowledge that any permit granted on the representation herein made may be revoked at any time, without notice, on a breach of representation or violation of the Electrical Code. If the property owner will be performing the herein described work listed on this permit application then I certify that no one else will perform said work. I am aware that I can be fined if I allow anyone else to perform this work. I further understand that if residence is in a HOA, the work meets all their specifications and regulations and has been approved by them. Please allow 2-3 business days for your permit to be processed, you will be notified by email along with a copy of your permit, if approved.

Applicant's Signature _____ Date _____

OFFICE USE ONLY

Application Intake Staff : _____ Date: _____

Permit Fee _____ Review Fee _____ Cash CC _____ Check # _____ Receipt# _____

Approval Signature _____ Title _____

Permit #: _____

Date _____

