

Complete and return with the completed electrical application to:

Electric Inspection
2012 Callie Way Suite 102
Union, Kentucky 41091
859.746.9111

P.O. Box 98
Union, Kentucky 41091

Fax: 859.746.9124
Email: admin@nkyei.com

HOMEOWNERS' ELECTRICAL AFFIDAVIT

_____, I do certify and affirm that I am the owner of the following real property and hereby submit application to undertake the following electrical work at;

(Address) _____

Phone _____ Fax _____ Email: _____

Type of Electrical Work _____

(New Home, Room Addition, Basement Remodel, Kitchen or Bath Remodel,
(Above Ground Pool, In-ground Pool, Garage, Storage Shed, Service or Service Upgrade, ETC.)

I own this real property and live in this residence with my family -or-

I own this real property and will move into this residence with my family, after the proper occupancy permit has been issued.

It is understood that I may have the assistance from my family members and friends, and other persons not licensed as electrical contractors, providing no contract either verbal or written exists among the parties and no remuneration shall be provided to any party assisting me. I will not enter into a contract with an unlicensed electrical contractor and I will do the work as required by the code.

I accept full responsibility for the safe and proper installation and function of the electrical installation. I will phone for the required inspections before covering any work or using any part of the electrical system.

I have attached the completed electrical application and the appropriate fee. I understand that work being conducted by other than myself requires an electrical application by a licensed electrical contractor and will see that no electrical work commences until proof of the proper electrical application has been provided to me.

I CERTIFY THAT THE INFORMATION IN THIS AFFIDAVIT AND THE ATTACHED APPLICATION ARE TRUE, CORRECT AND COMPLETE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant

Print Name

Sworn to and subscribed in my presence this _____ day of _____, 2____

Signature of Notary

SEAL
My Commission Expires

Print, Type or Stamp Name of Notary

Or,

Witness

Witness