



ELECTRIC PERMIT APPLICATION

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

*Permit applications can be submitted to: [permits@nicholasville.org](mailto:permits@nicholasville.org)*

Electrical Contractor / Business Name: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Nicholasville / Jessamine County Business Registration # \_\_\_\_\_

CE # \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

CE License Holder Name: \_\_\_\_\_

ME # \_\_\_\_\_ License Expiration Date: \_\_\_\_\_

ME License Holder Name: \_\_\_\_\_

**DESCRIPTION OF WORK:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_