



Searcy Inspection Department

300 West Arch Avenue Searcy AR 72143

501-279-1085 FAX 501-279-1084

APPLICATION FOR PERMIT

ELECTRICAL

DATE: _____ PERMIT # _____

PROJECT ADDRESS: _____

OWNER NAME: _____ Phone # _____

CONTRACTOR: _____ Phone# _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LICENSE NUMBER: _____ EXPIRATION DATE: _____

Property Use: (Circle One) Residential Commercial

Type Work: (Circle One) New Construction Add-on/Remodel

Cost of job: _____

Inspection Date: _____

Signature

CHARGE PAID

Month Billed: _____

Monthly Report: _____