COUNTY OF RANDOLPH
Department of Building Inspections
204 E Academy St ● PO Box 771 ● Asheboro, NC 27204-0771
(336) 318-6555

APPLICATION FOR TEMPORARY POWER

Date: _____
Parcel number: _____
Application number: _____

Job contact name: _____
Job contact phone number: _____
Job contact e-mail: _____

Owner: _____
Address: _____
City, ST ZIP: _____

LOCATION INFORMATION:

Address of work site: _____

RESPONSIBLE AGENT INFORMATION:

Responsible Agent: _____
Phone number: _____

****** THE RESPONSIBLE AGENT SHALL BE THE GENERAL CONTRACTOR UNLESS THERE ARE SPECIAL CIRCUMSTANCES WHERE SOMEONE ELSE IS MORE APPROPRIATE. ******

SPECIFIC INFORMATION:

Which systems are to be energized or operated? ☐ ELECTRICAL ☐ MECHANICAL ☐ PLUMBING

How long will temporary power be needed? 0 days

State the portion and intended use of the systems to be operated: _____
_____
_____
_____
_____

SUBCONTRACTOR SIGNATURES:

****** SUBCONTRACTOR SIGNATURES ARE REQUIRED IF THEIR SYSTEMS ARE AFFECTED. ******

Electrical contractor: _____

Mechanical contractor: _____

Other contractors: _____

GENERAL INFORMATION:

Temporary Power is granted in the following situations:

- Where it is necessary to heat or cool a building because of environmentally sensitive materials or finishes.
- Where the distance between the saw service and any interior point is in excess of 200 feet.
- Other situations as allowed by special permission.

This application is for temporary power only and does **not** allow for occupancy of the building.

All 125 volt single-phase circuits authorized for use shall have ground-fault interrupter protection from its point of origin.

The responsible agent shall maintain the energized electrical system in a secure and locked manner or under constant supervision.

There is a $50.00 application fee for temporary power and all outstanding fees are required to be paid.

This application will expire if the requested time is exceeded. If allowed to expire, temporary power will be disconnected, unless the responsible agent reapplies and pays any associated fees.

SIGNATURE:

As Responsible Agent, I agree that the above information is true and accurate. Furthermore, I understand that any unauthorized use of this building and its systems will be considered evidence of a hazard and may result in the disconnection of power, revocation of permit and/or refusal to be considered for future requests for temporary power.

Fax completed applications to (336) 636-7575 or e-mail to permits@randolphcountync.gov.
We will call you to collect payment information once application is keyed.

Responsible Agent _____ Date _____