



# Residential Electric Service Permit

City of Portsmouth, Engineering Department  
728 2<sup>nd</sup> Street, Room 25, Portsmouth, OH 45662  
Phone: 740-354-7557 Fax: 740-354-5383  
Email: portsmouth.eng@portsmouthoh.org

**\$150.00 plus 1% BBS fee**

**PROPERTY OWNER:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**APPLICANT: (check one)**

OWNER

**CONTRACTOR:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

CONTRACTOR

IF OTHER (Fill out below)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Address:** \_\_\_\_\_ **OR Parcel Number:** \_\_\_\_\_

**Property Use: (check one)**

Single Family Dwelling

Two or Three Family Dwelling

**Project Type: (check all that apply)**

New Service

Service Upgrade

Replace/Reinstall Meter

Temporary Service

Other: \_\_\_\_\_

**Scope of Work (please be specific):** \_\_\_\_\_

#### **General Notes: (Please review all notes before signing application)**

1. If using contractors on your project, all contractors must have current registration with the City of Portsmouth.
2. Refer to AEP's Guide for Electric Service & Meter Installation for requirements. A copy may be picked up at the engineering department.
3. All permits will expire after one (1) year of inactivity.
4. To schedule an inspection, call the engineering department. Inspections are on Tuesdays and Thursdays.

I hereby certify that all information in this application is true and complete to the best of my knowledge. I further certify that all work will comply with current city or state codes. I agree that I shall be responsible from the date of this permit or the beginning of work, whichever is earlier, for all injury or damage resulting from this work, to person or property. I agree to indemnify and save harmless the city from and against all claims or actions, and all expenses incidental to the defense of any such claims, litigation and actions, based upon or arising out of damage or injury (including death) to persons or property caused by or sustained in connection with any work performed under this permit. I also agree to allow all inspections and right of entry throughout the duration of this permit.

**Note: Only the property owner, architect, contractor, or other authorized agent should sign this application.**

*Signature of Applicant*

*Date*

**For Office Use Only**

**Total Fees Due \$** \_\_\_\_\_

**Application #:** \_\_\_\_\_