***** Please submit a separate form for each permit number *****

# CONDITIONAL POWER REQUEST

☐ Progress Energy ☐ Duke Energy ☐ Town of Apex

This form must be completed to request electrical utility service prior to the issuance of a Certificate of Occupancy.

## PROJECT INFORMATION

**Project Address** _____ City _____ ZIP _____

Subdivision _____ *Lot or Unit No. _____

Project Name _____ * Multiple units should only be listed if they are under a single permit #.

☐ Single-Family Dwelling (detached) ☐ Townhome ☐ Duplex ☐ Commercial

1. List portions of the electrical system for which this application is made (be specific):

_____

2. List the intended use for each item listed in #1 above:

_____

## AGREEMENT

1. I (we) understand that the general contractor, subcontractors, and property owner(s) shall assume responsibility for maintaining the building in a safe and secure manner while under conditional temporary electrical services as provided per Article 110.26 and Article 590 of the North Carolina Electrical Code.
2. I (we) understand and accept as a condition to this approval that should the building be occupied prior to the issuance of a Certificate of Occupancy, or any deviation from the terms for which it is authorized, this shall constitute a breach of this agreement, and therefore, will be immediately revoked and that the electrical utility company will be directed to disconnect conditional temporary electrical service to the building or structure.
3. I (we) do hereby attest by my signature that I am authorizing my company's license holder to grant written permission for the respective systems listed in item 1 above to be operated/energized by this agreement.

| | | |
|---|---|---|
| Electrical Contractor/Company | Name of Authorized Representative (print) | Authorized Representative Signature / Date |
| Mechanical Contractor/Company | Name of Authorized Representative (print) | Authorized Representative Signature / Date |
| Plumbing Contractor/Company | Name of Authorized Representative (print) | Authorized Representative Signature / Date |

## OWNER / AGENT STATEMENT

Utility service is requested for the building/structure located at the address listed on this application. By signing this document I agree to all of the following conditions:

1. Full and complete responsibility of the energized electrical system, its use, and all equipement connected thereto, and to maintain a safe working environment during the completion of the project.
2. That service will be authorized for connection by the appropriate utility only after the conditional final inspecxtion is approved (no partial approvals).
3. That the dwelling must be secured against unauthorized entry (all doors and windows installed).
4. That no furniture or personal possessions will be placed in any portion of the building.
5. That no occupancy will be permitted until a Certificate of Occupany is issued by the Town of Cary.
6. Utility service is to be in the same name(s) as the the contractor/owner indicated above.
7. I agree that any violation of these terms will result in an automatic revocation of this privilege.

## PROPERTY OWNER

I do hereby attest by my signature that, to the best of my knowledge, the above signuatures are those individuals authorized by their respective license holder to grant permission for the respective systems to be operated/energized by this agreement:

| | | |
|---|---|---|
| Property Owner (print name) | Name of Authorized Representative (if other) | Owner or Agent Signature / Date |

**ATTEST:**

Wake County, North Carolina

SWORN TO AND SUBSCRIBED TO ME THIS _____ DAY OF _____, 20_____.

Notary Public _____ My commission expires: _____

## GENERAL CONTRACTOR (if different from Property Owner)

I do hereby attest by my signature that, to the best of my knowledge, the above signuatures are those individuals authorized by their respective license holder to grant permission for the respective systems to be operated/energized by this agreement:

| | | |
|---|---|---|
| General Contractor/Company | Name of Authorized Representative | Authorized Representative Signature / Date |

**ATTEST:**

Wake County, North Carolina

SWORN TO AND SUBSCRIBED TO ME THIS _____ DAY OF _____, 20_____.

Notary Public _____ My commission expires: _____