



**30-DAY POWER AFFIDAVIT**  
**HALL COUNTY BUILDING INSPECTIONS**

P.O. Box 1435  
Gainesville, GA 30503

Phone: (770) 531-6809 Fax: (770) 531-3901

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Inspector: \_\_\_\_\_

Please issue a Temporary Approval on the Electrical Service conductors and service switch at \_\_\_\_\_ for a period of **30** days.

I hereby assume responsibility and liability for any use of electricity in the building during this temporary period.

It is understood that an extension of this temporary approval must be applied for if the work is not completed at the expiration time; otherwise we understand that you will direct the Utility Company to disconnect the service.

It is further understood that the inspector may refuse to extend this temporary approval for good and sufficient reasons.

It is further understood that no occupancy is to be allowed during use of this temporary approval and that any occupancy will result in a disconnection of the electrical service.

I, or we, relieve Hall County and its Inspectors from any liability for damages or loss for ordering electricity disconnected from the wiring system.

\_\_\_\_\_  
General Contractor or Owner Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Tenant Name

\_\_\_\_\_  
Tenant Address

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Commission Expires:

**ELECTRICAL CONTRACTOR'S STATEMENT**

This service equipment for which approval is being applied has been installed in accord with all applicable codes and will be ready for inspection on \_\_\_\_\_ (date).

\_\_\_\_\_  
Electrical Business Name

\_\_\_\_\_  
Electrical Contractor Signature

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Commission Expires: