

CONDITIONAL UTILITY REQUEST



TOWN OF BENSON PLANNING, ZONING, AND INSPECTIONS DEPARTMENT
303 EAST CHURCH STREET, BENSON, NC 27504
PHONE 919-894-3553 FAX 919-894-1283

Application Date _____ Permit No. _____

General Contractor/Owner Name _____ Phone _____

Project Address _____ Benson, NC 27504

Subdivision _____ Lot Number (new construction only) _____

Property Owner _____ Phone _____

Property Owner Address _____

Main Structure: Single-Family Dwelling Duplex Townhome Commercial

Time Period Requested: 30 Days 45 Days 60 Days

Utility Type:

Conditional Electrical Service Conditional Water Service Conditional Gas Service

Electric Utility Company _____ Premise No. _____

Water Utility Company _____

Gas Utility Company _____

Owner/Agent Statement:

Utility service is requested for the single-family dwelling or commercial structure located at the address listed on this application. By my signature to this document I agree to all of the following conditions:

1. Full and complete responsibility of the energized electrical and/or mechanical systems, their use, and all equipment connected thereto and to maintain a safe working environment during the completion of the dwelling.
2. That service will be authorized for connection by the appropriate utility only after the conditional final inspection 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 the dwelling, garage, or any other portion of the dwelling.
5. That no occupancy will be permitted until a Certificate of Occupancy is issued.
6. Utility services are to be in the same names as the contractor/owner indicated above.
7. I agree that any violation of these terms will result in an automatic revocation of this privilege.

(General Contractor or Owner) Name _____

Signature _____ Date _____