



CITY OF DETROIT BUILDINGS, SAFETY ENGINEERING & ENVIRONMENTAL DEPT.
ELECTRICAL INSPECTION DIVISION
COLEMAN A. YOUNG MUNICIPAL CENTER , 2 WOODWARD, FOURTH FLOOR, ROOM 408,
DETROIT, MI 48226

APPLICATION FOR CLOSING AN ELECTRICAL PERMIT

**PLEASE BE ADVISED, YOU MUST COMPLETELY FILL OUT THIS APPLICATION. IF YOU FAIL TO DO SO,
YOUR APPLICATION WILL NOT BE PROCESSED, AND WILL BE RETURNED TO YOU.
PLEASE FILL OUT ONE APPLICATION PER PERMIT NUMBER.**

DATE: _____

APPLICANT'S NAME: _____

APPLICANT'S STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT'S PHONE NUMBER: _____

JOB ADDRESS: _____

PERMIT NUMBER: _____

BRIEFLY EXPLAIN THE REASON(S) FOR REQUESTING THE ABOVEMENTIONED PERMIT TO BE CLOSED:

SIGNATURE OF APPLICANT: _____

FOR ELECTRICAL DIVISION USE ONLY: DO NOT WRITE IN THIS SPACE

Electrical Supervisor's Approval Signature:

Date:

Notes: