



City of Galveston

Development Services Department
Building: 409-797-3620
Electrical Service Form Submission
Email: inspectionrequest@galvestontx.gov

INSPECTION REQUEST

Inspection being requested? (Circle One) Service Reconnect TCI

Location: _____ Permit Number: _____

Contractor Name: _____

Person(s) in charge: _____ License #: _____ Expires: _____

Hazard Questionnaire:

Will electrical work require de-energizing and re-energizing?

Yes____ No____

Date and time work will commence: _____

Anticipated date and time work will be completed: _____

Voltage to which personnel will be exposed: _____

Arc flash boundary (Minimum safe distance from electrical components): _____

Means employed to restrict access of unqualified persons from work areas: _____

Will LOCK-OUT or TAG-OUT be required? Yes____ No____

Who will be responsible for access to the LOCK-OUT or TAG-OUT? _____

Do you agree to provide circuit test records upon completion of work? _____

Do you agree to provide torque record for electrical connections? _____

Describe details of work procedure (Use reverse side or add pages if necessary): _____

AUTHORIZATION AND ACCEPTANCE:

I, the undersigned, hereby affirm and attest that the above described work will be conducted by only properly licensed personnel and testing will be conducted to verify that the described work is installed in a safe and professional manner. I, the undersigned, do further affirm and attest that no portion of the electrical system will be energized without first verifying that there are no electrical hazards or otherwise unsafe electrical installations. I, the undersigned, hereby agree to maintain full control and responsibility for the duration of the stated portion of this work and I will furnish records of continuity testing and connection torques upon completion of this project.

Print Name

Signature

Date

(CONTINUED ON REVERSE SIDE)

Personnel to perform electrical work:

(print name and qualifications below)

