



Town of Hilton Head Island
Community Development Department

Approved

Overhead To Underground Conversion Permit Application & Estimate of Cost

Inspections Requests: 843-341-4677 Information: 843-341-4757 Fax: 843-341-2087

Permit Fee: **WAIVED** Permit #: B _____

Location: Street Address: _____

Owner: Name: _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Contractor: Name: _____ Phone: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
State License#: M _____ Business License#:BLN _____

Complete Description of Work:

I, the undersigned, am the owner or authorized agent of _____
and will perform the electrical as described above in accordance with Title 15 of the Municipal Code of
the Town of Hilton Head Island.

Estimate: Materials & Profit: \$ _____ Labor: \$ _____ Total: \$ _____

Contractor Signature: _____ Date: _____

Estimate Approved By: _____ Date: _____

Final Approval to Pay Contractor

Approved Amount: \$ _____ Approved by: _____ Date: _____

Meter #: _____ New Meter Base: Yes ___ No ___ AMP _____ PECL: Job #: _____