



**DEPARTMENT OF COMMUNITY DEVELOPMENT
PLANNING - BUILDING INSPECTIONS – ZONING**

ELECTRICAL VERIFICATION SERVICE FORM

DATE: _____

TO: Franklin Southampton Inspections Department.

Contractor: _____

License No. _____ Expiration Date: _____

Re: Electrical Work and Inspection for the structure located at _____

Owner: _____ Tax Parcel # _____

I have checked / installed wiring to the extent that it satisfies all requirements of the current edition of the National Electric Code and/or the Virginia Residential code whichever applies to the above address . All wiring and equipment has been installed so that the electrical service and system is safe to energize.

Master Tradesman Certification # _____

Print Name: _____

Signature: _____ Date: _____