



Pre-Final Meter Request

City of Rolling Hills Estates

PROJECT ADDRESS: _____, Rolling Hills Estates, CA, 90274

PERMIT #: _____ ZONE CLEARANCE #: _____

PROPERTY OWNER(S) NAME: _____

PHONE #: _____ E-MAIL: _____

PLEASE CHECK ONE: **ELECTRICAL** **GAS**

REASON FOR REQUEST:

This form certifies that the undersigned will fulfill all permit and Planning Department obligations in full, including but not limited to landscape and/or lot coverage requirements. Note that the electrical service panel shall be completely finished and intact prior to inspection. Upon inspection and approval, the Building Inspector will release the meter to the utility company for energization. Any equipment not authorized and inspected shall not be energized. This approval does not constitute occupancy.

APPLICANT/CONTRACTOR NAME: _____ LICENSE #: _____

PHONE #: _____ E-MAIL: _____

APPLICANT/CONTRACTOR SIGNATURE: _____ DATE: _____

For Office Use Only:

PLANNING INSPECTOR NAME & TITLE: _____

PLANNING APPROVAL SIGNATURE: _____ DATE: _____