

Official Use Only

Date Received:	Received By:	Permit Issued: Y N # _____
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**McDonald County Health Department**  
**Environmental Public Health**  
P.O. Box 366  
Pineville, MO 64856  
417-223-2412 / 417-223-4109

**Application for Electric**

Owner's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Directions to property (Include road names & numbers) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Electric Company providing service \_\_\_\_\_

Type of Occupancy: (circle one)    Residence    Commercial    Agriculture

**Electric Only:** Electric is being request on property with an existing wastewater system or property that will produce no wastewater (no bathroom, sink, or kitchen facility)

I certify that to the best of my knowledge the information contained on this form is correct and that this does not constitute the right to install or repair an on-site sewage system. **This is not a permit to install / repair On-site Sewage System.**

Owner signature \_\_\_\_\_ Date \_\_\_\_\_