

Electrical Permit

ADDRESS of PROPOSED WORK or IMPROVEMENT: _____

Name of Owner: _____ Phone Number: _____

Address of Owner: _____

Tax Parcel #: _____ Email Address of Owner: _____

Type of Building: New Addition Alteration Repair

Name of Contractor: _____ Phone Number: _____

Address of Contractor: _____ License No.: _____

| ITEM | NUMBER | FEE | ITEM | NUMBER | FEE |
|--------------------------|--------|-----|----------------------------|--------|-----|
| Ceiling Outlets | | | Transformers, Vaults | | |
| Switches | | | Substations, Enclosures | | |
| Plug Receptacles | | | | | |
| TOTAL OUTLETS | | | Signs | | |
| Air Heaters & Heat Pumps | | | Comm. & Ind. Lighting | | |
| Fans | | | | | |
| Ranges | | | Re-Introduction of Current | | |
| Air Conditioners | | | Re-Inspections | | |
| Water Heaters | | | Fire Alarms | | |
| Dishwashers | | | Temp. Service | | |
| Dryer | | | Swim Pools | | |
| Disposal | | | | | |
| Microwave | | | #2 Sub Total | | |
| Baseboard Heaters | | | | | |
| Motors – Comm. & Ind. | | | | | |
| Panel Size (Service) | | | Permit Fee | | |
| Sub Feeder Size | | | Registration Fee | | |
| Additional Meters | | | #1 Sub Total | | |
| | | | #2 Sub Total | | |
| #1 Sub Total | | | Total | | |
| | | | State Tax | | |
| | | | Total | | |
| Other Equipment | | | | | |

Job Summary (Office Use Only)

| | | | | | | | |
|--|-------------|----------------|-------------------------------|-------------------------------|---------|----------|---------|
| <p>Plan Review</p> <p><input type="checkbox"/> No Plans Required</p> <p>Joint Plan Review Required:</p> <p><input type="checkbox"/> Building <input type="checkbox"/> Plumbing</p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Elevator</p> <p><input type="checkbox"/> Elec. Plans Approved</p> <p>Date: _____</p> <p>Approved By: _____</p> <p>Subcode Approval</p> <p><input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA</p> <p>Date: _____</p> <p>Approved by: _____</p> | Date | Initial | Inspections | Dates (Month/Day) | | | |
| | | | Type: | Failure | Failure | Approval | Initial |
| | | | Rough | | | | |
| | | | Temp. Serv. | | | | |
| | | | Constr. Serv. | | | | |
| | | | TCO | | | | |
| | | | Other | | | | |
| | | | Service | | | | |
| | | | Final | | | | |
| | | | | Temp. Cut-in-Card Date Issued | | | |
| | | | Final Cut-in-Card Date Issued | | | | |

Applicant Certifies that all information given is correct and that all pertinent electrical ordinances will be complied within performing the work for which this permit is issued.

Signature of Contractor or his/her Authorized Representative making the application

Signature of Permit Clerk

If additional inspection fees are levied, final certification of code compliance will not be given until fee has been paid.