

**ELECTRICAL PERMIT**

CONTRACTOR SAME AS BUILDER      CONTRACTOR: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

TYPE OF ELECTRICAL WORK       New                       Addition                       Repair/Alterations

UTILITY COMPANY: \_\_\_\_\_

WORK ORDER NUMBER: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

ESTIMATED COST OF ELECTRICAL WORK

NO.	EQUIPMENT	NO.	SIZE	EQUIPMENT	NO.	SIZE	EQUIPMENT
_____	Luminaries	_____	_____	AMP Service Panel	_____	_____	KW Electric Range Receptacle
_____	Receptacles	_____	_____	AMP Sub-Panels	_____	_____	KW Oven/Surface Unit
_____	Switches	_____	_____	AMP Sub-Panels	_____	_____	KW Electric Water Heater
_____	Detectors	_____	_____	KW Dishwasher	_____	_____	HP/KW Space Heater
_____	Pole Luminaries	_____	_____	HP Garbage Disposal	_____	_____	KW Electric Dryer Receptacle
_____	Spa/Hot Tub	_____	_____	KW Central A/C Unit	_____	_____	KW Baseboard Heat
_____	Swimming Pool	<input type="checkbox"/> Above Ground	<input type="checkbox"/> In Ground				
_____	Other:	_____					
_____	Other:	_____					
_____	Other:	_____					

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

APPLICANT/AGENT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

★ ★ ★ ★ FOR DEPARTMENT USE ONLY ★ ★ ★ ★

**ELECTRICAL PERMIT APPLICATION**     APPROVED     DENIED

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

ELECTRICAL PERMIT FEE \$ \_\_\_\_\_  
 MUNICIPAL FEE \$ \_\_\_\_\_  
 TRAINING FEE \$ 4.00  
**TOTAL PERMIT FEE** \$ \_\_\_\_\_