

ELECTRICAL PERMIT

LOCATION OF PROPERTY: _____

MUNICIPALITY: _____ COUNTY: _____

☐ CONTRACTOR SAME AS BUILDER CONTRACTOR: _____ (Reg #) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ FAX: (____) _____

TYPE OF ELECTRICAL WORK ☐ New ☐ Additional ☐ 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	☐ Above Ground	☐ 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 \$ _____