

ELECTRICAL PERMIT

CONTRACTOR SAME AS BUILDER CONTRACTOR _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (_____) _____ FAX (_____) _____

TYPE OF ELECTRICAL WORK New Additional 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: Fire Alarm System _____						
_____	Other: Cable/Cat 5 _____						
_____	Other: Phone _____						

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 \$ _____

PLAN REVIEW FEE \$ _____

TRAINING FEE \$ 4.00

TOTAL PERMIT FEE \$ _____