

For Office Use Only	
Application Date:	
Permit Number:	
Date Issued:	



COMMERCIAL OR MULTI-FAMILY ELECTRICAL PERMIT APPLICATION

Project Address: _____

Property Owner: _____ Phone: _____

Electrical Contractor Name: _____

Contractor Address: _____

Contractor Phone: _____ Email: _____

Site Contact Name: _____ Cell: _____

NOTE: All permits become null and void if work or construction authorized is not commenced within six months, or if construction or work is suspended or abandoned for a period of six months at any time after work is started.

I hereby certify that I have read and examined this application and know the same to be true and correct. I understand that all provisions of state laws and city ordinances governing this type of work will be complied with whether specified herein or not. I further understand that the issuance of a permit does not grant the authority to violate or cancel the provisions of any state or local laws regulating construction or the performance of construction

Description of Work: _____

Description of Work	Fee (each)	Qty	Description of Work	Fee (each)	Qty
Meter loop and service 4 outlets	\$63.00		Electric dryer	\$10.50	
Outlets over 4	\$2.10		Range outlet	\$10.50	
Fixtures	\$1.58		Range table top	\$10.50	
Motors < ½ HP	\$5.25		Range oven	\$10.50	
½ to <10 HP	\$7.35		Garbage disposal	\$10.50	
10 to < 50 HP	\$15.75		Dish washer	\$10.50	
100 to < 150 HP	\$31.50		Microwave	\$5.25	
150 HP and over	\$52.50		KW 0-5 KW	\$4.20	
Temp cut in	\$63.00		Over 5 per additional KW	\$2.10	
Temp saw pole	\$36.75		X ray machine	\$10.50	
Reconnect	\$63.00		Motion picture machine	\$15.75	
Sign per ballast	\$5.25		Sound equipment	\$4.20	
Sign per transformer	\$8.40		Re inspection Fee	\$84.00	
Water heater > 1500 watts	\$8.40		After hours inspection	\$315.00	
			*Processing fee	\$84.00	1
				Total*	
*MINIMUM COMMERCIAL ELECTRICAL PERMIT IS \$231.00					

Applicant's Signature _____

Date _____

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Required Inspections:

T Pole _____ Rough in _____ Meter loop and Service _____

Underground _____ TCI _____ Final _____

Permit Fee: _____ Plan Review Fee: _____ Total: _____

Plans approved for issuance by: _____

Building Official and/or Representative Signature: _____ Date: _____