



ELECTRICAL PERMIT APPLICATION

In accordance with Chapter 7 of the City Code

**This application must be signed by the Master Electrician
if contractor is performing work.**

Application No. _____
Date _____
Approvals:
Zoning _____ Date _____
Fees:
Amount Due <u>See Fee Schedule</u>

All information must be complete to initiate processing of application

1) SUBJECT PROPERTY

Street Address _____

Suite Number _____ Floor Number _____

2) PROPERTY OWNER

Name _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Home _____ Cell _____

Email Address _____

3) OCCUPANT/BUSINESS

Name _____ Daytime Telephone _____

4) APPLICANT

Name _____

Street Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Telephone Numbers: Work _____ Home _____ Cell _____

Email Address _____

5) ELECTRICAL CONTRACTOR

Company Name _____ City License Number _____

Master's Name _____

6) PERMIT TYPE

Type of Work New Alteration Temporary Service

Addition Alteration

Proposed Work Residential Commercial

7) WORK DESCRIPTION

Indicate the exact number of each of the following electrical connections to be performed:

COMMERCIAL

no. of each

_____ **Total Receptacles, Switches, Outlets**
_____ **Motors/Generators/Air Conditioning Units/
Heating/Cooking Equipment & Transformers**
_____ Transformers (1K.W. or 1Kv.A. = 1 HP
_____ Over 10HP to 20HP (each)
_____ Over 20HP to 30HP (each)
_____ Over 30HP to 50HP (each)
_____ Over 50HP to 75HP (each)

Service Meter Equipment & Feeders

_____ Under 100 Amp.
_____ 100 Amp. to 400 Amp.
_____ 400 Amp. to 1,000 Amp.
_____ Over 1,000 Amp.

Protective Signaling Systems

_____ Total Devices

Low Voltage Systems (i.e. Cable, Phones, etc.)

_____ Total Number of Fixtures, Devices, Terminals, etc.

RESIDENTIAL

no. of each

Remodeling/Addition

_____ Subpanels Under 100 Amp.
_____ Subpanels Over 100 Amp.
_____ Heavy-Up Under 200 Amp.
_____ Heavy-Up Over 200 Amp.
Existing Amp. _____
Proposed Amp. _____

_____ Central Heating, HVAC, Motors,
Appliances or Appliance Outlets

_____ Total Receptacles

Tubs

_____ Hot tubs or Hydro Massage Tubs

Hard Wire Smoke Detectors

_____ Total Number of Detectors

Pole Construction

**Homeowner Installation of less
than 12 outlets**

YES NO

_____ # of outlets over 12

DO NOT LEAVE BLANK

_____ Total Cost of Improvement

I hereby certify that I have read and examined this application and that all statements are true and correct; furthermore, I certify that I am the Owner or Lessee of the property, or Agent or either, or the licensed Engineer, Architect, or Contractor employed in connection with this proposed work, and that the proposed work is authorized by the Owner in fee, and I am authorized to make such application.

Master Electrician's Name (please print) _____

Master Electrician's Signature _____ Date _____

Applicant's Signature _____ Date _____

NOTE:

If the Master Electrician is not present to apply for this permit, a signed letter (on company letterhead) naming the individuals who have permission to submit permits on the Master Electrician's behalf must be submitted (a maximum of 5 individuals may be listed). This letter will be held in the Electrician's file for future reference.