



**ELECTRICAL PERMIT APPLICATION  
HOWARD COUNTY**

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS  
3430 Court House Drive, Ellicott City, MD 21043  
(410) 313-2455 INFORMATION; (410) 313-3322 FAX  
410-313-3800 INSPECTIONS; (410) 313-1807 FAX

ELECTRICAL PERMIT NO. \_\_\_\_\_  
BUILDING PERMIT NO. \_\_\_\_\_  
CENSUS TRACT NO. \_\_\_\_\_  
DATE FILED/MAILED \_\_\_\_\_

INSPECTION ADDRESS \_\_\_\_\_  
SUITE NO. \_\_\_\_\_ SPACE NO. \_\_\_\_\_ MAP COORDINATES: \_\_\_\_\_

OCCUPANT: \_\_\_\_\_ OCCUPIED AS: \_\_\_\_\_

PROPERTY OWNER INFORMATION	ELECTRICAL CONTRACTOR INFORMATION
NAME _____	TRADE NAME _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
TELEPHONE _____	TELEPHONE _____

***EQUIPMENT LIST MUST BE PROVIDED:***

**Description of Work – Check One Only**

**COMMERCIAL / INDUSTRIAL (SERVICE OR FEEDER CHANGES)**

- |   |   |
|---|---|
| <input type="checkbox"/> New (Build To Suit) _____ AMPS         | <input type="checkbox"/> Interior Completion of Tenant Space _____ AMPS |
| <input type="checkbox"/> New (Shell Only) _____ Cumulative AMPS | <input type="checkbox"/> Alteration to Existing Tenant Space _____ AMPS |
| <input type="checkbox"/> Addition _____ AMPS                    |   |

**COMMERCIAL / INDUSTRIAL (NO SERVICE OR FEEDER CHANGES)**

- |  |   |
|--|---|
| <input type="checkbox"/> Equipment Changes Only _____ # of Outlets | <input type="checkbox"/> Demolition               |
| <input type="checkbox"/> Low Voltage _____ # of Devices            | <input type="checkbox"/> Pole Construction        |
| <input type="checkbox"/> Swimming Pool _____ # of Outlets          | <input type="checkbox"/> Construction Trailer     |
| <input type="checkbox"/> With Pool Bonding                         | <input type="checkbox"/> Carnival / Fair          |
| <input type="checkbox"/> Hot Tub                                   | <input type="checkbox"/> Master Electrical Permit |
| <input type="checkbox"/> Illuminated Sign _____ # of Signs         |   |

**Residential**

- |  |  |
|--|--|
| <input type="checkbox"/> New SFD or SFA                    | <input type="checkbox"/> Low Voltage   |
| <input type="checkbox"/> New Multi-family _____ # of Units | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> New Mobile Home                   | <input type="checkbox"/> Hot Tub       |
| <input type="checkbox"/> Addition / Alteration             |  |

**NO ELECTRICAL WORK SHALL COMMENCE PRIOR TO THE ISSUANCE OF AN ELECTRICAL PERMIT**

NAME OF UTILITY COMPANY:  
BGE  ALLEGHENY POWER

*I, the undersigned, hereby declare and affirm under penalty of perjury, that I hold a current master electrician's license issued by the Howard County Board of Electrical Examiners.*

LICENSEE'S SIGNATURE: \_\_\_\_\_  
PRINT NAME: \_\_\_\_\_  
HOWARD COUNTY LICENSE NO.: \_\_\_\_\_

{ BELOW FOR OFFICE USE ONLY }

APPROVED:			
PROPERTY I.D. NO.	IMPROVEMENT TYPE:	USE TYPE:	PERMIT FEE:
TOTAL FEE PAID:	CHECK/M.O. NO.	CASH RECEIPT NO.	

MAKE CHECKS PAYABLE TO "HOWARD COUNTY, DIRECTOR OF FINANCE"

THE ELECTRICAL PERMIT IS VALID FOR 6 MONTHS FROM DATE OF ISSUANCE

DISTRIBUTION: WHITE – DILP YELLOW – FILE PINK – LICENSEE / APPLICANT (PLEASE RETAIN PRIOR TO MAILING)