

CITY OF _____

ELECTRICAL PERMIT APPLICATION

Project/Permit Number _____ Date _____

PLEASE PRINT
Please complete all sections, 1 through 3.

1. Location of installation

Address _____

City _____ Building Suite No. _____

Tenant Name (if commercial) _____

Tax Lot _____ Map No. _____

Directions _____

Commercial Residential

2a. Contractor Installation only:

Electrical Contractor _____

Address _____

Date _____ Job Number _____

Property Owner _____

Contractor's License No. _____

Contractor's Board Reg. No. _____

Signature of Supr. Elec'n _____

License No. _____ Phone No. _____

2b. For owner installations:

Print Owner's Name _____ Phone No. _____

Address _____

City _____ State _____ Zip _____

The installation is being made on property I own which is not intended for sale, lease or rent.

Owner's Signature _____

3. Complete Fee Schedule below

Number of inspections per permit allowed **4**

Service Included:	Items Cost (ea.)	Sum
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A. Residential Per Unit Service Included:

1000 sq. ft. or less	\$ 140.00	4
Each additional 500 sq. ft. or portion thereof	\$ 30.00	
Limited Energy	\$ 30.00	1
Each Manuf'd Home or Modular Dwelling Service	\$ 75.00	2

B. Services or Feeders

Installation, Alterations or Relocation		
200 amps or less	\$ 75.00	2
201 amps to 400 amps	\$ 95.00	2
401 amps to 600 amps	\$ 150.00	2
601 amps to 1000 amps	\$ 200.00	2
Over 1000 amps or volts	\$ 440.00	2
Reconnect Only	\$ 60.00	2

C. Temporary Services or Feeders

Installation, Alterations or Relocation		
200 amps or less	\$ 60.00	2
201 amps to 400 amps	\$ 70.00	2
401 amps to 600 amps	\$ 125.00	2
Over 600 amps to 1000 volts	\$ 190.00	2
Over 1000 amps volts	\$ 400.00	2

D. Branch Circuits

New, Alteration or Extension per Panel		
a) Each branch circuit	\$ 5.00	2
b) The fee for branch circuits without purchase of service or feeder fee.		
First Branch Circuit	\$ 60.00	2
Each add'l branch circuit	\$ 7.00	2

E. Miscellaneous (Service or Feeder not included)

Each pump or irrigation circle	\$ 50.00	2
Each sign or outline lighting	\$ 50.00	2
Signal Circuit(s) or a limited energy panel, alteration or extension	\$ 50.00	2

F. Each additional inspection over the allowable in any of the above, per inspection.

_____ \$ 60.00* _____ 2

*Or the total hourly cost to the jurisdiction, whichever is the greatest. This cost shall include supervision, overhead, equipment, hourly wages and fringe benefits of the employees involved.

A. Fees total of above \$ _____

B. 25% of Line A for plan review (if required) \$ _____

C. ~~12~~ % State Surcharge of Line A \$ _____

D. Other \$ _____

E. Investigation Fee \$ _____

Balance Due \$ _____

OFFICE USE

For inspections call