



Electrical Permit Application

Property Owner	
Name: _____	Phone # _____
Address: _____ City, State, Zip _____	
Name of Business: _____	Office # _____
Email: _____	
Project Location Address: _____	

Contractor	
Name of Company: _____	Office # _____
Contact Person: _____	Contact Phone # _____
Email: _____	

Description of Work			
Description	Fee	Quantity	Total
Temporary Inspection or Service Pole	\$15.00 <i>(each)</i>		
Number of Rooms Serviced <i>(ex. Living, Dinning, Den, Bedroom, Kitchen)</i>	\$ 4.00 <i>(each)</i>		
Electric Range, Cook Top, Oven	\$ 4.00 <i>(each)</i>		
Electric Water Heater	\$ 4.00 <i>(each)</i>		
Electric Dryer	\$ 4.00 <i>(each)</i>		
Room Air Conditioner	\$ 4.00 <i>(each)</i>		
Electric Dishwasher	\$ 4.00 <i>(each)</i>		
Electrical Outlets <i>(For the First 200)</i>	\$ 0.30 <i>(each)</i>		
Electrical Outlets <i>(Each additional outlet over)</i>	\$ 0.20 <i>(each)</i>		
Electrical Service 60 – 100 Amp Loop	\$ 8.00 <i>(each)</i>		
Electrical Service -101 – 200 Amp Loop	\$ 9.00 <i>(each)</i>		
Electrical Service 201 – 400 Amp Loop	\$ 10.00 <i>(each)</i>		
Electrical Service 401 – 600 Amp Loop	\$ 12.00 <i>(each)</i>		
Electrical Service 601 – Up Amp Loop	\$ 16.00 <i>(each)</i>		
Motors Less Than 1 HP	\$ 3.00 <i>(each)</i>		
Motors 1 HP – 5 HP	\$ 4.00 <i>(each)</i>		
Motors 6 HP – 20 HP	\$ 5.00 <i>(each)</i>		
Motors 21 HP or Greater	\$ 9.00 <i>(each)</i>		
Gas Pump	\$ 10.00 <i>(each)</i>		
Signs	\$ 10.00 <i>(each)</i>		
Central Air Conditioners, Heating Systems, Combination Systems	\$ 7.00 <i>(each)</i>		
Welding Machines	\$ 8.00 <i>(each)</i>		
Issuing Permit	\$15.00	1	\$15.00

Note: (1) Permit becomes null and void if work or construction authorized is not commenced within 6 months, Or if work is not suspended or abandoned for a period of 1 year at any time after work is commenced. (2) If Any person commences any work on an installation before obtaining the necessary permit from the Administrative Authority, the permit fee shall be doubled and Administrative fee of \$175.00 shall be applied.	Total Permit Fee
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(Print) Name of Applicant: _____

Signature: _____ Date: ____ / ____ / ____