



Electrical Permit Application

Site Address		Application Date	
Applicant		Applicant Phone	
Applicant Address		Applicant Email	
Owner	Owner Phone		
Owner Address	Owner Email		
Contractor Company Name		Contractor Name	Contractor State Electrical License#
Contractor Address		Contractor Phone	Contractor Email
Structure	<input type="checkbox"/> Residential No Units _____	Service	Enter 600 Volts or Less
Type of Work	<input type="checkbox"/> Commercial	0-100	0-30
	<input type="checkbox"/> New	101-200	31-100
	<input type="checkbox"/> Repair/Alter		101-200
Check any of the 6 items below to be installed as part of the job.			
<input type="checkbox"/> Smoke Detector	<input type="checkbox"/> Furnace	<input type="checkbox"/> Air Conditioner	
<input type="checkbox"/> S-Saver Switch	<input type="checkbox"/> G-GFI Outlets	<input type="checkbox"/> Carbon Monoxide	Quantity
Building Use	<input type="checkbox"/> Owner Occupied 1-Family Home	Traffic Signal Control Unit	
	<input type="checkbox"/> Owner Occupied 2-Plex Unit	Traffic Signal Standard	
	<input type="checkbox"/> Other Residential	Street Lighting Control Unit	
	<input type="checkbox"/> Non-Residential	Street Light Standard	
	Specify _____	Main Fire Alarm Control Unit	
	_____	Fire Alarm System Openings	
	_____	Low Energy Control Unit	
	Complete Description of Proposed Work for which Permit is Requested:	Low Energy Openings	
		Transformer, Generator, Capacitor	
		Specify KVA or KVAR Size Per Transformer	
	Electric Sign		
	Rides and Concessions		
	Electric Space Heating (enter # of units)		
<p>I do hereby make application for a permit. Application and accompanying documents are complete and accurate. Work will be consistent with the plans and information provided with the permit application and shall comply with applicable codes, ordinances and laws and conditions of approval. Work will not begin until a permit has been issued by this office.</p> <p><i>Applicant Signature</i> _____ <i>Date</i> _____</p>		Project Valuation:	
		Permit Fee:	
		Investigation Fee:	
		Plan Review Fee:	
		State Surcharge:	
		TOTAL FEES:	

BELEC _____ Parcel ID _____

BBLDG _____ LUT _____