

# APPLICATION FOR ELECTRIC PERMIT

Date \_\_\_\_\_

Permit No. \_\_\_\_\_

CITY OF DULUTH, Building Inspection Division

Building Permit No. \_\_\_\_\_

**IMPORTANT — Complete All Items. Mark boxes where applicable.**

<b>LOCATION OF BUILDING</b>	STREET _____	ZONING _____	PLAT & PARCEL _____
	LOT _____		
	BLOCK _____	SUBDIVISION _____	

  

<p><b>A. TYPE OF IMPROVEMENT</b></p> <p>1 <input type="checkbox"/> New Building</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D)</p> <p>3 <input type="checkbox"/> Repair, replacement or Alteration (See 2 above)</p> <hr/> <p><b>B. OWNERSHIP</b></p> <p>1 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>2 <input type="checkbox"/> Public (Federal, State, or local government)</p>	<p><b>PROPOSED USE—</b></p> <p><b>RESIDENTIAL</b></p> <p><input type="checkbox"/> One family</p> <p><input type="checkbox"/> Two family</p> <p><input type="checkbox"/> Three family</p> <p><input type="checkbox"/> Four family</p> <p><input type="checkbox"/> Five or more family</p> <p><input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number _____ of units _____</p> <p><input type="checkbox"/> Other — Specify _____</p>	<p><b>NON-RESIDENTIAL</b></p> <p><input type="checkbox"/> Amusement, recreational</p> <p><input type="checkbox"/> Church, other religious</p> <p><input type="checkbox"/> Industrial</p> <p><input type="checkbox"/> Parking garage</p> <p><input type="checkbox"/> Service station, repair garage</p> <p><input type="checkbox"/> Hospital, institutional</p> <p><input type="checkbox"/> Office, bank, professional</p> <p><input type="checkbox"/> Public utility</p> <p><input type="checkbox"/> School, library, other educational</p> <p><input type="checkbox"/> Stores, mercantile</p> <p><input type="checkbox"/> Other — Specify _____</p>
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Owner's or agent's name \_\_\_\_\_

Master \_\_\_\_\_

Reg. No. \_\_\_\_\_

**DESCRIBE WORK**

A. Temp. power \_\_\_\_\_

B. Services. Amp \_\_\_\_\_

C. Circuits. No. of & Amp \_\_\_\_\_

D. Street lighting \_\_\_\_\_  
No. of standards \_\_\_\_\_

E. transformers & generators \_\_\_\_\_  
KVA \_\_\_\_\_

F. Signs & outline lighting \_\_\_\_\_

G. Remote control circuits \_\_\_\_\_

H. Other \_\_\_\_\_

I. Remarks \_\_\_\_\_

**Reserved for Inspector**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ESTIMATED VALUATION**

I agree to do said proposed work in strict accordance with all City Ordinances and applicable State Regulations relative to same, and, that when the work is ready, I shall notify the Department of Building Inspection, requesting that an examination be made of said work, as required by City Ordinance and State Regulation.

Fee \_\_\_\_\_ \$ \_\_\_\_\_

Plan Checking Fee \_\_\_\_\_ \$ \_\_\_\_\_

State Surcharge \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL FEE** \_\_\_\_\_ \$ \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Date: \_\_\_\_\_ By: \_\_\_\_\_