

APPLICATION FOR RESIDENTIAL OR COMMERCIAL ELECTRICAL PERMIT

<u>Application type</u> (Check all that apply)		<input type="checkbox"/> NEW SERVICE <input type="checkbox"/> NEW SUB PANEL <input type="checkbox"/> NEW WIRING <input type="checkbox"/> SITE LIGHTING	<input type="checkbox"/> SYSTEM EXTENSION OR ALTERATION - OVERHEAD <input type="checkbox"/> SIGN LIGHTING <input type="checkbox"/> UNDERGROUND SERVICE, CONDUCTORS OR FEEDERS <input type="checkbox"/> REPAIRS <input type="checkbox"/> RECONNECT
<u>Site Information</u>		MUNICIPALITY: _____ NAME: _____ ADDRESS: _____ CONSTRUCTION COST \$ _____	
<u>Use/Occupancy classification:</u> (Check all that apply)		A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5 I-1 I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U	
<u>Type of work</u> (check all that apply)		New Construction Repair Existing Equipment Replacement w/ higher amperage rating	Equipment replacement w/ same amperage rating Alteration and/or Extension of System
<u>Required Documentation</u> (Check all submitted with application)		<input type="checkbox"/> 3 complete sets of signed and stamped Engineered electrical drawings. <input type="checkbox"/> Floor plans showing the location of proposed work including existing work to be removed or replaced and new work detailing locations and sizes. Site plan for exterior work. <input type="checkbox"/> Electrical Com-Check or Res-Check <input type="checkbox"/> Insurance certificates of contractors, if applicable, must be filed with this application. <input type="checkbox"/> If electrical equipment is being installed at exterior of structure an approved zoning application is required.	
<u>Construction Details</u> (Check all that apply and list number of pieces of equipment next to all that apply)		<input type="checkbox"/> Electrical systems Number of services _____ Size of service _____ Feeder size _____ Number of lineal feet of underground conductors or feeders _____ Number of receptacle and lighting outlets _____ Sub panels _____ Transformers _____ Motors _____ <input type="checkbox"/> Number of single dwelling units _____ <input type="checkbox"/> Electrical system is located in a Hazardous location as defined by the International Building Code or the National Electric Code. <input type="checkbox"/> Installation requires explosion proof devices. <input type="checkbox"/> Installation includes low voltage wiring or systems. Explain _____ <input type="checkbox"/> Installation includes smoke detectors <input type="checkbox"/> Which side of structure and distance to property lines: (Outdoor equipment only) Front _____ Rear _____ Right side _____ Left side _____	
<u>Description of Work</u>		_____ _____ _____	
<u>Owner Information</u>		Owner's Name: _____ Address: _____ Phone: _____ Fax: _____ Email: _____	
<u>Contractor Information</u>		Company Name: _____ Address: _____ Contact Person: _____ Phone: _____ Fax: _____ Email: _____	

<u>Insurance Information</u>	Company Name: _____ Address: _____ Policy No.: _____ Exp. Date: _____ Coverage Amount: _____ Note: A copy of your insurance certificate must accompany this application.
<u>Applicant Signature</u>	Print Name: _____ Signature: _____ Date _____