**APPLICATION FOR COMMERCIAL ELECTRICAL PERMIT**

DATE: PERMIT #

**LOCATION ADDRESS**: UNIT/FLOOR # PROJECT/BUSINESS TENANT: TENANT PHONE: PROJECT NAME: PROJECT VALUATION: $

SQ. FT. (Round UP to nearest 10 sq. ft.) AMPS

|  |  |  |
| --- | --- | --- |
| NEW BLDG | SERVICE CHANGE | ADDITIONAL METERS |
| ALTER/REMODEL | ADDITION | GENERATOR |
| SIGN | TEMP SERVICES | OUTLETS, SWITCHES. LIGHTS |
| OTHER | FIRE ALARM DEVICES (# OF PANELS \_\_\_\_\_\_\_\_\_\_\_# OF DEVICES \_\_\_\_\_\_\_\_\_ ) | |
| **DESCRIBE WORK:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

**CONTRACTOR**: EMAIL: ADDRESS: PHONE: CITY: STATE: ZIP:

.

**PROPERTY OWNER**: PHONE: ADDRESS: EMAIL: CITY: STATE: ZIP: **TENANT NAME**: **TENANT PHONE**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FEES OWED:** |  |  | | |
| The office will determine fee totals. (See fee schedule for reference) Please contact us with any questions. | | |  |  |
| Check |  |  | | |
| Cash |  |  | | |
| Credit Card |  |  | | |
|  |  |  | | |
| Do not send payment with initial submittal. |  |  | | |
| SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant, Agent, Owner |  |  | | |
|  |  | | |
| **TOTAL** | $ | | |

The applicant, agent, owner of this property and the undersigned is (1) responsible to verify all property lines, (2)

responsible for making arrangements for all inspections.

**CALL BEFORE YOU DIG – OUPS – 1-800-362-2764**