

ELECTRICAL PERMIT APPLICATION

Job Address:			
Description: Lot #	Blk	Tract	
Owner Name			
Phone Number			
Email			
Contractor Name			
Phone Number			
Architect/Designer Name			
Mailing Address			
Phone Number			
Engineer Name			
Phone Number			
License #			
Lender			
Branch			



Use of Builidng					
Class of Work: New	Addition Alte	ration	Repair	_	
Describe Work:					
Special Conditions:					
PERMIT FEES					
		Number	Each	Fees	Fees
Receptacle	Total Outlets				

		Number	Each	Fees	Fees
Receptacle	Total Outlets				
Light					
Switch					
Lighting Fixtures	Total Fixtures				
Ranges, Clothes Dry					
Garbage Disposal, St					
Dishwasher, Clothes Washer					
Space Heater, Sta. Appliances, 1 HP Max					
Motors	HP				
Signs	No Trans				
	No Lamps				
Temp. Power	Pole Underground				
Service					
	0-2000A				
New	200-1000A				
Change	Over 1000A				
			\$		
Permit Issuing Fee					
_				\$	
Total Fee					



NOTICE: This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinance governing this type of work will be complied, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor or Authorized Agent		Date			
Signature of Owner (if Owner Builder)		Date			
WHEN PROPER	LY VALIDATED, THIS IS YOUR I	PERMIT.			
Plan Check Validation: Check MO	Cash Permit	: Validation: Check MO Cash			
APPLICATION ACCEPTED BY:		Date			
PLANS CHECKED BY:		Date			
APPROVED FOR ISSUANCE BY:		Date			