



Permit Number: \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**ELECTRICAL PERMIT**

**ELECTRICAL CONTRACTOR INFORMATION (TO BE COMPLETED BY CONTRACTOR)**

THE PERMIT ISSUED ON THIS ELECTRICAL APPLICATION WILL AUTHORIZE ONLY THE WORK SPECIFIED BELOW.  
THE ELECTRICAL CONTRACTOR MUST GIVE COMPLETE INFORMATION AS INDICATED BELOW.

Business Name:	<b>FOR OFFICE USE ONLY</b>				
Business Owner (Print Name):				<input type="checkbox"/> Municipal License	ELECTRIC PERMIT FEE: \$
Street Address:				<input type="checkbox"/> Certificate of Insurance	Inspected by: _____ Date: _____
	<input type="checkbox"/> \$10,000 Surety Bond				

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Municipal License Issued By: \_\_\_\_\_ Bond Company: \_\_\_\_\_ Bond #: \_\_\_\_\_

Phone (office): \_\_\_\_\_ Fax: \_\_\_\_\_

Phone (mobile): \_\_\_\_\_ E-mail: \_\_\_\_\_

**SUBMIT PROPOSED PANEL SCHEDULE & LOAD CALCULATIONS ON SEPARATE SHEET**  
 Check here if attached  Check here if to be submitted later – ETA Date (MM/DD/YYYY): \_\_\_\_\_

Description of electrical work: \_\_\_\_\_

Description of proposed sign: \_\_\_\_\_

ADDITIONAL INFORMATION:		APPLIANCES WITH MOTORS:	
	Specify Number:		Specify Number:

<b>Existing service amperage:</b>		Dishwasher:	
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<b>Proposed service amperage:</b>		Garbage disposal:	
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		Sump pump(s):	
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<b>Number of circuits rated at:</b>		Ejector pump(s):	
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15 amp		Furnace(s):	
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20 amp		A/C Unit(s):	
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30 amp		Hood:	
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40 amp or over		Whirlpool tub(s):	
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<b>Total number of circuits:</b>		Attic fan(s):	
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		Other (specify):	
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<b>Other Features:</b>			
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Fire Alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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Security Systems	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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Illuminated sign(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total number of motors:</b>	
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Appliances (not built-in)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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Other (specify): _____			
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**AUTHORIZATION (Signatures & Names are Required to Proceed)**

SIGNATURE OF SUPERVISING ELECTRICIAN: (REQUIRED TO PROCEED)

_____	DATE
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PRINTED NAME:	
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