

Estimated Job Cost: \$ _____

Applicant is: Contractor Owner

Name: _____ Email: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone No.: _____

License # _____ Telephone No.: _____ (Bus., pager, mobile)

Tenant Name (if applicable) _____ Unit/Suite # _____

Describe Proposed Work: _____

Are you approved as an Invoiced Contractor? Yes No

If yes, are the fees for this permit to be invoiced? Yes No

I HEREBY APPLY FOR AN ELECTRICAL PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT.

I UNDERSTAND AND HEREBY AGREE THAT THE WORK FOR WHICH THE PERMIT IS ISSUED SHALL BE PERFORMED ACCORDING TO THE FOLLOWING: (1) THE CONDITIONS OF THE PERMIT, (2) THE APPROVED PLANS AND SPECIFICATIONS, (3) THE APPLICABLE CITY APPROVALS, ORDINANCES AND CODES AND (4) THE STATE BUILDING/ELECTRICAL CODE.

I UNDERSTAND THAT THE PERMIT WILL EXPIRE AND BECOME NULL AND VOID IF WORK IS NOT STARTED WITHIN 180 DAYS OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANYTIME AFTER WORK HAS COMMENCED; AND, THAT I AM RESPONSIBLE FOR ENSURING THAT ALL REQUIRED INSPECTIONS ARE REQUESTED IN CONFORMANCE WITH THE STATE BUILDING/ELECTRICAL CODE.

Applicant's Signature

Date

Please Print Applicant's Name

NOTE: Separate permits are required for any building, mechanical or plumbing work.

For Plan Review Use Only	
Inspection Types (to be checked)	
<input type="checkbox"/> Ceiling <input type="checkbox"/> Final <input type="checkbox"/> Other	Authorized For Issuance: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Rough In <input type="checkbox"/> Service <input type="checkbox"/> Underground	
Permit Purpose (Remarks) _____	If not, Why? _____
_____	Signature: _____ Date: _____
