

## **Electrical Permit Application**

Permit No.

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Job	Address:								
Owner Name:		Owner Phone:							
Owi	ner Mailing Address:								
Flor	Electrical Contractor: Owner Phone:								
Liet		Owner Phone:							
Con	tractor Mailing Address:								
Dee	entretions of Maryle (e.g.								
Des	Description of Work (Please indicate the size of existing electrical service in the description of work):								
Qty		Fee	Total	Qty	Description	Fee	Total		
	Application Fee	50.00	\$50.00		Emergency Inspection	115.00			
	Meter Loop & Service up to 50 KW	75.00			Re-Inspection	75.00			
	MLS 51KW -250 KW	80.00			Reconnect Fee	95.00			
	MLS over 250 KW	85.00			Motors: up to but not including 1/2HP	5.00			
	Subpanels two+ Circuits (each)	6.00			Motors: 1/2 HP up to 100 HP	15.00			
	Outlets (each)	0.50			Motors: 100 HP upto 150 HP	25.00			
	Lighting Fixtures (each)	0.50			Motors: 150 HP and over	35.00			
	Range Recptacle	2.50			Transformers: up to 1 KVA (each)	2.00			
	Clothes Dryer	2.50			Transformers: up 1KVA -10 KVA	7.00			
	Cooking Tops	2.50			Transformers: Over 10 KVA \$1.00 per	\$7.00+			
	Ovens	2.50			each 1KVA				
	Garbage Disposal	2.50			X-Ray Machine	10.00			
	Dishwasher	2.50			Signs: Shop Inspections - Incadescent				
	Heaters/Generators up to 1 KW	2.50			Electrical Sign and Gas or Vaccuum	60.00			
	Heaters/Generators 1 KW- 10 KW	7.50			Tube 0-5 KVA				
	Heaters/Generators over 10 KW	\$7.50+			Signs: Each additional KVA over 5 KVA	6.00			
	\$0.50 for each additional KW	\$/.5U+			Sign Installation Insecption	75.00			
	Window Air Conditioner Receptacle	2.50			Site Inspection and Plan Review	75.00			
	Temporary Saw Pole	60.00			Miscellaneous (Work not listed - EXPLAIN)	75.00			
	Temporary Cut In (TCI Letter on Back Required)	100.00			ТОТА				

Electrical materials used will be of the approved type. Electrical work shall be inspected in accordance with City Ordinances regulating electrical construction in the City of Meadows Place. No alternates shall be made in the electrical system without written permission from this office. All wiring must be done in copper.

Master Electrician Signature	Date
Master Electrician Printed Name	TMEL#

**City Approval** 

Date

Master Electrician Contac	ct Phone Number
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## **Request for Temporary Utility Turn On**

Job Address: \_\_\_\_

We, the general contractor and/or home owner, request the use of temporary utilities for construction and the test of equipment. We understand that the issuance of a permit for temporary utilities in no way grants permission to occupy or use any building, or portion thereof, unless all inspections for the building have been approved and a Certificate of Occupancy has been issued. We further understand the temporary utilities may be disconnected for any violation of the Building Code. The general contractor and owner assume the responsibility for any violation of any City ordinance by a sub-contractor.

The Temporary electrical permit will be in force for 10 days. If more time is required to complete the building, a new application and fee shall be submitted by the electrical contractor.

The undersigned hereby agrees to indemnify and hold forever harmless the City of Meadow Place, its officers, and employees from any and all claims or causes of action alleged to have been caused directly or indirectly by the temporary use of utilities for which this application is made.

## \* \* \* \* \* **NOTE** \* \* \* \* \*

A FINE UP TO \$200 PER DAY MAY BE ASSESSED IF A STRUCTURE IS OCCUPIED PRIOR TO THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY BY THE CITY OF MEADOWS PLACE.

 General Contractor/Home Owner Signature
 Master Electrician Signature

 General Contractor/Home Owner Printed Name
 Master Electrician Printed Name

 General Contractor/Home Owner Contact Number
 Master Electrician Contact Phone Number