APPLICATION FOR ELECTRICAL PERMIT



| Permit# | E |
|---------|---|
| | |

Date: / /

Inspection Request Information

Inspection can be scheduled Mondays, Wednesdays, & Fridays from 9 a.m.–12 p.m. By Phone (248) 557-2600 ext 222 Or by Fax (248) 557-2602

| A HERITAGE OF GOOD LIVING | | | | | | |
|---|--------------|----------------|---|-----------------|----------------------|--|
| Job Location: Building Permit #: | | | | | | |
| Property Owner: | | | Phone #: | | | |
| This application when properly | signed gra | ants permissi | on to: | | | |
| Contractor Name: | | | | | | |
| Address: | | | City: | | | |
| | | | Reg No.: | | | |
| - | | | | | | |
| To Install Electrical Equipment Item | No. | Fee | Item | No. | Fee | |
| Lamps | 1101 | 100 | Dryer | 110. | 100 | |
| Circuits Open/Concealed | | | New Service | | | |
| Water Heater | | | Attic Fan or Vent Fan | | | |
| Range | | | Temp. Service | | | |
| Signs | | | Change of Service | | | |
| Furnace Wiring | | | Motors | | | |
| Garbage Disposal | | | Air Conditioner | | | |
| Dishwasher | | | Registration | | \$15.00 | |
| Sum Pump | | | Inspection | | \$40.00 | |
| Ready for inspection? Yes \Box | No □ | | Total Fee \$ | | | |
| | | Before Work | Cancellation Refund Begins 50% permit fee returned Begins 0 permit fee returned | | | |
| Public Act 135 of 1989 mandates | the follow | ing informati | on for all residential permits: | | | |
| Applicant License No.: Expiration Date: | | | | | | |
| Worker's Disability Compensation | Insurance | Carrier or Rea | son Exemption: | | | |
| Internal Revenue Code Employer I | D# or Exer | nption Reason | I: | | | |
| Michigan Employment Security Co | omm. Empl | oyer# or Exe | mption Reason: | | | |
| Michigan Compiled Laws, prohil | bits a perso | on from cons | 2, Act No. 230 of Public Acts of 197 piring to circumvent the licensing regar a residential structure. Violators of | uirements of th | is state relating to | |
| Applicant's Signature: Date: | | | | | | |