



ELECTRICAL PERMIT APPLICATION

If contractors Liability Insurance are not up to date please bring copy or fax it

Property Owner: _____ Phone No. _____

Address: _____

Construction Address: _____

Electrician's Name: _____ Phone No. _____

Electrician's Address: _____

Please prove ESID No. (17 digits): _____

NEW SERVICE	COST	AMOUNT	FEE
100 AMPS OR LESS	\$ 50.00		
125 AMPS	\$ 60.00		
150 AMPS	\$ 70.00		
200 AMPS	\$ 90.00		
250 AMPS	\$ 110.00		
250 AMPS +	\$ 110.00		
PLUS .50 FOR EACH ADDITIONAL AMP	\$ 0.50		
TEMPORARY POLE	\$ 20.00		
W/C	\$ 25.00		
		Total	

EXISTING SERVICE	COST	AMOUNT	FEE
CHANGE /UPGRADE	\$ 20.00		
RELOCATE	\$ 20.00		
RESET METER	\$ 5.00		
ADDED CIRCUITS/ PER CIRCUIT	\$ 5.00		
		Total	

INSPECTION FEES			
RE-INSPECTION FEE	\$ 20.00		
INSPECTION FEE/PERMIT	\$ 20.00		
		Total	
		Grand Total	

Signature of contractor or authorized agent _____ Date _____

Received by _____ Date _____