CITY OF NORTH OLMSTED

APPLICATION TO INSTALL ELECTRICAL EQUIPMENT

Date Issued_____

Date Expires_____

P# _____

I# _____

PE# _____

For Office Use Only

Base Fee	$_____
Additional Fees	$_____
3% surcharge	$_____
Elect Permit Total	$_____
Plan Exam	$_____
3% surcharge	$_____
Plan Exam Total	$_____
Grand Total	$_____
Approved By:	

Application Date: _____

Contractors Name: _____ Phone: _____

Property Owner: _____ Phone: _____

Job Address: _____

PERMIT WILL INCLUDE ONLY SUCH WORK AS INDICATED

We agree to arrange for the Building Department to INSPECT:
ALL ROUGHED IN WIRING BEFORE COVERING & ALL EQUIPMENT BEFORE OCCUPANCY.

TO BE INSTALLED: _____RESIDENTIAL _____COMMERCIAL _____INDUSTRIAL

OPENINGS:

_____Light Fixtures
_____Outlets (Receptacles)
_____Power Outlet over 120 Volts
_____Panels
_____Parking Lot Light Fixtures (per pole)
_____Switches
_____Violation Correction
_____Power Outlets over 200 Volts
_____Heating Outlet
_____Temporary Lighting

MOTORS:

_____Up to 1 HP
_____Over 1 HP, up to 3 HP
_____Over 3 HP, up to 6 HP
_____Over 6 HP, up to 10 HP
_____Over 10 HP, up to 15 HP
_____Over 15 HP

X-RAY MACHINE, DIATHERMY EQUIPMENT, ETC. (Type, Size, and No.)_____

FIRE ALARM: _____ (Square footage of floor area required) _____

MISCELLANEOUS: _____

PERMIT HOLDER IS RESPONSIBLE FOR ARRANGING INSPECTIONS. MUST HAVE CORRECT ADDRESS AND PERMIT NUMBER WHEN CALLING FOR INSPECTIONS. 24 HOUR NOTICE REQUESTED FOR INSPECTION.

PRINT NAME: _____

SIGNATURE: _____