

# ELECTRICAL PERMIT

## CITY OF GANADO

Applicant to complete numbered spaces only.

1. JOB ADDRESS	2. DATE		
3. OWNER	MAIL ADDRESS	ZIP	PHONE
4. CONTRACTOR	MAIL ADDRESS	PHONE	REGISTRATION NO.
5. USE OF BUILDING			
6. CLASS OF WORK:			
<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> REPAIR			
7. DESCRIBE WORK:			
8. VALUATION OF WORK: \$			

SPECIAL CONDITIONS:

FLOOD ZONE  YES  NO

APPLICATION ACCEPTED BY:	PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY:

**NOTICE**

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

9. SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT \_\_\_\_\_ (DATE)

OR

10. SIGNATURE OF OWNER \_\_\_\_\_ (DATE)

PERMIT FEES			
	NO.	EACH	FEE
RECEPTACLE LIGHT SWITCH	Total Outlets		
LIGHTING FIXTURES	Total Fixtures		
RANGES CLO. DRYER WTR. HTR.			
GARBAGE DISP. STA. COOK TOP			
DISH. WASH. CLOTHES WASH			
SPACE HTR. STA. APPL. 1/2 H.P. MAX.			
MOTORS	H.P.		
SIGNS	NO. TRANS. NO. LAMPS		
TEMP. POWER	<input type="checkbox"/> POLE <input type="checkbox"/> UNDGD.		
SERVICE  <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE	0-200A		
	201-400A		
	401-600A		
	OVER 600A		
PERMIT ISSUING FEE		\$	
TOTAL FEE			\$

**WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT**

PERMIT VALIDATION      CK.      M.O.      CASH