

Date: _____ Homeowner's Name: _____ Phone #: _____

Site Address: _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Registration # _____ Contractor's Phone Number: _____

NOTICE: Re-inspection fee of \$25 per inspection will be charged
Diagram is Required

Contractor's Cell Phone Number: _____

Describe type of work being performed: _____

BASE FEE: New Construction: \$150.00 Remodel/Repair: \$50.00 Accessory Structure: \$50.00

Quantity	Base Fee	\$	Quantity		
_____	x \$2	Lighting Fixtures	_____	\$10	Conduit (per 100 feet)
_____	x \$2	Switches	_____	\$50	Solar Panel(per array)
_____	x \$2	Outlets	_____	Outlets	
_____	x \$50	Panels/Disconnects	_____	x \$8	Up to 10 KW
_____	x \$25	Metering	_____	x \$10	Over 10 KW to 15 KW
_____	x \$5	Grounding	_____	x \$6	Power Outlets (220 vac)
_____	x \$5	Ground / Arc Faults	_____	x \$10	Fixed Outdoor Lighting
_____	x \$6	Range/Dryer (220 volts)	_____	x \$10	Any Electric Outlet or
_____	x \$6	A/C (220 volts)	_____	Equipment not listed	
_____	x \$2	Telephone Outlets	_____	(Per \$100 of project cost)	
_____	x \$2	Computer Outlets	_____	x \$5	3/4 HP to 3 HP
_____	x \$2	Cable Outlets	_____	x \$10	Over 3 HP to 5 HP
_____	x \$50	Panels (low voltage)	_____	x \$15	Over 5 HP to 10 HP
_____	x \$2	Smoke/Heat Detectors	_____	x \$20	Over 10 HP to 15 HP
_____	x \$2	Thermostats	_____	x \$28	In Excess of 15 HP
_____	x \$2	Bells / Alarms	_____	Generators, Batteries, Etc.	
_____	x \$10	Bath Fans	_____	x \$6	Not to Exceed 3 KW
_____	x \$10	Fuse Cutout	_____	x \$9	Over 3 KW to 10 KW
_____	x \$150	Temporary Electric	_____	x \$15	In Excess of 10 KW

Sub Total _____

Total Both Columns _____

Estimated Job Cost \$ _____

Signature of Applicant

All inspections including final must be scheduled 24 hours in advance - Permit Number is required.

	Office Use Only	
Parcel # _____		Approved By: _____ (Inspectors Initials)
Electrical Permit # _____		1% BBS FEE: _____
Receipt # _____		GRAND TOTAL FEE: _____
Rev 3/13		