



CITY OF HARTFORD, Van Buren County, Michigan
 19 West Main Street * Hartford MI 49057 * 269-621-2477 * 269-621-2054 fax

ELECTRICAL PERMIT APPLICATION

PERMIT NUMBER HRC - _____
 PERMIT EXPIRES: _____

This application becomes your permit when signed & dated by the Inspector. Please include all information. Incomplete applications will be returned.

Do you want a copy of this application YES or NO Do you want a hard copy for the job site YES or NO

Date:		Job Address or Tax ID #:		
Owners Name:			TYPE OF JOB <u>Residential:</u> <input type="checkbox"/> New Single Family <input type="checkbox"/> New Manufactured Home <input type="checkbox"/> New Other <input type="checkbox"/> Remodel <u>Commercial:</u> <input type="checkbox"/> New <input type="checkbox"/> Remodel <u>Industrial:</u> <input type="checkbox"/> New <input type="checkbox"/> Remodel	
Owners Address:				
Owners Phone:		Work Phone:		
Contractors Name:				
Contractors Address:				
Contractors Phone:				
Contractors License #	Federal ID or SS #	Master License #		
Workers Disability Comp Carrier		MESC #		
Plan Review Required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Plan review requirements: Plans and specifications must be submitted when the wiring or alteration to an electrical system is over 400 amps and is in excess of 3,500 square feet in all buildings.			
Have plans been submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO	Plans are required for all building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to Act #299 of the public Acts of 1980, as amended, and shall bear that architect's or engineers signature and seal, except: when electrical system does not exceed 400 amps and the building is not over 3,500 sq feet. Plans must be submitted before permit is issued.			

Utility Company _____ Energy Request Number _____ Meter Number _____

	FEE SCHEUDLE	PER UNIT	NUMBER	TOTAL
SERVICES or Separately Derived		\$15.00		
	201 Amp thru 999 Amp	\$45.00		
	1000 Amp or more	\$75.00		
CIRCUITS (each)		\$ 3.00		
FIXTURES (per 25 or fraction thereof)		\$ 6.00		
DISHWASHER, DISPOSAL, COMPACTOR (each)		\$ 4.00		
FURNACE, BOILER, UNIT HEATER (each)		\$ 5.00		
ELECTRIC HEAT (per unit)		\$ 4.00		
RANGE, DRYER, WATER HEATER, AIR CONDITIONER (each)		\$ 7.00		
SIGNS (per circuit)		\$ 5.00		
PERMANENTLY INSTALLED SWIMMING POOL, HOT TUB		\$15.00		
FEEDERS, SUBFEEDS, BUSDUCT (per 50')		\$ 6.00		
MH PARK, RV PARK, MARINA (per site)		\$ 4.00		
HP OR KVA RATED	10 HP or KVA or less (each)	\$ 5.00		
	11 thru 49 HP or KVA (each)	\$10.00		
	50 HP or KVA or more	\$15.00		
	10 Stations and/or Horns	\$50.00		

SYSTEMS	11 Stations and/or Horns	\$ 5.00		
FINAL INSPECTION		\$20.00		
LETTER OF CERTIFICATION		\$10.00		
BASE FEE		\$30.00		
REQUESTED, ADDITIONAL OR RE-INSPECTION (per hour)		\$30.00		
TEMPORARY SERVICE		\$35.00		
			TOTAL	

Contractors Affidavit

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent, and we agree to conform to all applicable laws of the State of Michigan. All information submitted on this application is accurate to the best of my knowledge. (Section 23A of the State Construction code Act of 1972, 1972 PA 230, MCL 125, 1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or structure. Violators of Section 23A are subject to civil fines.)

Homeowners Affidavit

I hereby certify that the electrical work described on this permit application shall be installed by myself in my own single family dwelling in which I am living or about to occupy. All work shall be installed in accordance with National electrical code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the Electrical Inspector. I will cooperate with the electrical inspector and assume the responsibility to arrange for necessary inspections.

Signed: _____

Signed: _____

Make checks payable to the CITY OF HARTFORD and mail check & application to:

DAVID M. PABIS
 211 43RD STREET
 BLOOMINGDALE MI 49026
 PHONE: 269-521-7590 PAGER: 616-390-0228

FOR OFFICE USE ONLY _____

Paid by: CASH CHECK # _____ APPROVED _____ DATE _____