## RESIDENTIAL ELECTRICAL PERMIT

LOCKE TOWNSHIP 3805 Bell Oak Rd. Williamston, MI 48895 800-627-2801 800-627-2801 Ext. 201

| Date / /   |  | 800-627-2801<br>800-627-2801 Ext. |  |  |  |  |  |  |
|--|--|-----------------------------------|--|--|--|--|--|--|
| LOCKE TOWNSHIP   | Permit # :   | _                                 |  |  |  |  |  |  |
| Job Location:  | Property Tax No:   |                                   |  |  |  |  |  |  |
|  | Owner: Phone Number:   |                                   |  |  |  |  |  |  |
|  | Address: City/State/Zip:   |                                   |  |  |  |  |  |  |
|  | city/ state/ 21p   |                                   |  |  |  |  |  |  |
| Which side o   | of the road: North South East West   | t                                 |  |  |  |  |  |  |
| Between (cl  | osest roads) &   |                                   |  |  |  |  |  |  |
| Fee Schedule   |  | No.                               |  |  |  |  |  |  |
| Single Inspection \$48.00  | ITEMIZATION  | xxx.                              |  |  |  |  |  |  |
| Special/Safety Inspection \$ 48.00   | Services: Thru 200amp.   |                                   |  |  |  |  |  |  |
|  | 200 amp thru 600 amp   |                                   |  |  |  |  |  |  |
| Addition Remodel \$114.00 (Two inspections)  | Circuts  |                                   |  |  |  |  |  |  |
|  | Lighting Fixtures per 25 and fraction of   |                                   |  |  |  |  |  |  |
| Addition Remodel w/Service Upgrade (Three inspections)   | Dishwasher, Garbage disposal & range hood  |                                   |  |  |  |  |  |  |
| \$156.00   | Furnace unit heater  |                                   |  |  |  |  |  |  |
| New Residence \$156.00   | Electrical heating units (baseboard)   |                                   |  |  |  |  |  |  |
| (Three Inspections)  | Power Outlets (including ranges, dryers, ect.)   |                                   |  |  |  |  |  |  |
|  | Signs per circuit  |                                   |  |  |  |  |  |  |
|  | Feeders  |                                   |  |  |  |  |  |  |
|  | Data/Telecommunications outlets  |                                   |  |  |  |  |  |  |
| If a dwelling unit is 3,500 square feet or g appropriate fee before a permit can be is:  | reater plans must be submitted with an Application for sued. Plans are not required for the following: | Plan Examination and the          |  |  |  |  |  |  |
| <ol> <li>When the electrical system rating does need of the code office of the code of</li></ol> |  |                                   |  |  |  |  |  |  |
| and a grant and a        | -,   | · <u> </u>                        |  |  |  |  |  |  |
| COST OF PERMIT: \$   | Description of work:   |                                   |  |  |  |  |  |  |
| Make checks payable to   |  |                                   |  |  |  |  |  |  |
| LOCKE TOWNSHIP   |  |                                   |  |  |  |  |  |  |
|  | Additional Notes:  |                                   |  |  |  |  |  |  |
| Building Dept. Approval  |  |                                   |  |  |  |  |  |  |

## RESIDENTIAL ELECTRICAL PERMIT

|  |  |  | 111   |  |   |  |  |
|--|--|--|---|--|---|--|--|
| Contractor Name:   | Phone  | Phone #  |   | Fax#   | Fax#  |  |  |
| Address  |  | City   |   |  | State   | Zip  |  |
| Federal I.D. No/Social Security No.  |  |  | MESC Employer No:   |  |   |  |  |
| Contractor License No. Exp. Date   |  |  | Worker's Compensation Insurance Carrier   |  |   |  |  |
| Name of Master Electrician   |  |  | Master License No.  | Exp. Date  |   |  |  |
| Master Electrician Business Address  |  | City   |   |  | State   | Zip  |  |
| If exempt from any of the above, explain here:   |  | <u> </u>   | Email:<br>(REQUIRED)  |  |   |  |  |
| Section 23A of the state constructions of the state construction of th | ements of the s  | tate relatin   | g to persons who are t  | to perform   |   |  |  |
| I am/will be the owner and will be doing the permit: A permit and conducted. A permit shall issuance of the permit or if the time of commencing the work AND CONDUCTED WITHIN 180 INSPECTION. CLOSED PERMIT  | roposed work<br>remains valid<br>become invalid<br>authorized w<br>A PERMIT W<br>DAYS OF THI | a myself. I very assisted as long assisted as long assisted as long as | will not allow anyone work is progressing thorized work is not dended or abandoned SED WHEN NO INSP | to do any<br>and inspec<br>commenc<br>for a per<br>ECTIONS | work.<br>ections are red within 18<br>iod of 180 d<br>ARE REQUE | requested<br>80 days after<br>lays after the |  |
| HOME OWNERS AFFIDAVI   | Γ and SIGNATI  | URE  |   |  |   |  |  |
| I hereby certify that the work<br>enclosed, covered up, or put<br>cooperate with the inspector   | into operation   | until it has b   | een inspected and app   | proved by  | the inspector   | r. I will                                    |  |
| Signed:  |  |  | Date:   |  |   |  |  |
| AGENT/CONTRACTOR'S AF  | FIDAVIT and  | SIGNATURI  | Ē   |  |   |  |  |
| I herby certify that the propo<br>owner to make this application   |  |  | he owner of record an   | d I have be  | en authorize  | ed by the                                    |  |
| Signed:  |  |  | Date:   |  |   |  |  |