RESIDENTIAL ELECTRICAL PERMIT

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

Date//		800-627-2801 800-627-2801 Ext. 20				
LOCKE TOWNSHIP	Permit # :	_				
Job Location:	Property Tax No:					
Owner:	Phone Number:					
Address:	Address: City/State/Zip:					
Owners Email: _						
	of the road: North South East Wes					
Fee Schedule		No.				
Single Inspection \$96.00	ITEMIZATION	xxx.				
Special/Safety Inspection \$96.00	Services: Thru 200amp.					
Addition Remodel \$192.00	200 amp thru 600 amp Circuts					
(Two inspections)	Lighting Fixtures per 25 and fraction of					
Addition Remodel w/Service	Dishwasher, Garbage disposal & range hood					
Upgrade (Three inspections) \$288.00	Furnace unit heater					
New Residence \$288.00	Electrical heating units (baseboard)					
(Three Inspections)	Power Outlets (including ranges, dryers, ect.)					
(Timee inspections)	Signs per circuit					
	Feeders					
	Data/Telecommunications outlets					
appropriate fee before a permit can be is 1. When the electrical system rating does determined to be required by the code offi	greater plans must be submitted with an Application for sued. Plans are not required for the following: not exceed 400 amps and the building is not over 3,500 cial. ye, check box "Plans Not Required." Plans Not Require	square feet in area, unless it is				
COST OF PERMIT: \$	Description of work:					
Make checks payable to						
LOCKE TOWNSHIP	Additional Notes:					
Building Dept. Approval	Additional Notes.					

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Contractor Name:	Phone #			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:			Email:				
recemperiori any of the above, explainment.			(REQUIRED)				
Section 23A of the state construction of		-£ 1072 NAC	1 125 1522A mashibita		f	iuiu a ka	
circumvent the licensing requirements		-		•	•	_	
building or a residential structure. Viol		_	·	-			
I am/will be the owner and occ	cupant (of the pren	nises on which the des	cribed I	nstallation	is proposed	
and will be doing the propose	•	•				- pp	
		•	•	•			
Expiration of Permit: A permit remai and conducted. A permit shall becom		_					
issuance of the permit or if the autho						•	
time of commencing the work. A PER		•		•		•	
AND CONDUCTED WITHIN 180 DAYS					-		
INSPECTION. CLOSED PERMITS CAN	NOT BE	REFUNDED).				
HOME OWNERS AFFIDAVIT and S	IGNATU	JRE					
	ريم ملم امم	من مما الممام من	akalladika asasadan sa w	ما ماه ماه:	!!		
I hereby certify that the work describe enclosed, covered up, or put into open							
cooperate with the inspector and ass				=	· ·		
•		•	_				
Signed:			Date:				
AGENT/CONTRACTOR'S AFFIDAVI	T and S	SIGNATURE					
I herby certify that the proposed wor	k is auth	norized by th	ne owner of record and	I have be	en authorize	ed by the	
owner to make this application as his				.		, -	
• •		_					
Signed:			Date:				