OTTAWA COUNTY

Revised: Sept. 3, 2010

# Department of Building Inspection

Court House, Room 104
315 Madison Street, Port Clinton, OH 43452
Phone: 419-734-6767

## APPLICATION FOR ELECTRICAL SYSTEM PERMIT
## RESIDENTIAL ONLY

I. Township/Village/City _____

Number and Street _____

II.

| | NAME | ADDRESS | TELEPHONE |
|---|---|---|---|
| OWNER and/or LESSEE | | Street<br>City/State/Zip | |
| CONTRACTOR | | Street<br>City/State/Zip | |

III. DESCRIPTION OF WORK:

How Occupied: _____New Dwelling _____One Family _____Two Family _____Three Family

_____Other_____
(Describe Occupancy)

_____ New Service _____ Addition _____ Rewire _____ Meter Reconnect _____Service Change

_____Temporary Service _____Service on Pole _____New Electrical System

Service Amperage: _____1 Phase _____3 Wire

Service Feeders: _____Buried _____ Overhead

IV.

| CLASSIFICATION: | FEES | | FEE TOTAL |
|---|---|---|---|
| Rough and Final Inspection | $69.00 | | $ _____ |
| Number of Breakers in Distribution Panel_____ | | (x $2.30 for each breaker) | $ _____ |
| Service Change or Upgrade Only | $57.00 | | $ _____ |
| Meter Reconnect or Temp Pole | $29.00 | | $ _____ |
| | | SUBTOTAL | $ _____ |
| **(Be sure this is added to the Total Fee)** | | **PLUS 1% SURCHARGE** | $ _____ |
| | | **TOTAL FEE** | **$** |

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to all applicable laws of this jurisdiction.

SIGNATURE OF APPLICANT (Contractor or Home Owner) APPLICATION DATE