

**COMMERCIAL ELECTRICAL PERMIT APPLICATION**

Date of Submittal: \_\_\_\_\_

Project Address \_\_\_\_\_ Lot # \_\_\_\_\_ Permanent Parcel # \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Address: \_\_\_\_\_

Property Owner's Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Contractor Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor's Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Wireless Phone # \_\_\_\_\_

**GENERAL PROJECT INFORMATION**

Estimated Cost \$ \_\_\_\_\_

Single Family       Two Family       Three Family

Describe Project: \_\_\_\_\_

Item	Qty	Item	Qty	Item	Qty	Item	Qty
220 Lines		A/C Unit		Appliance		Fan	
Fixture		Furnace (circuit)		Generator		GFCI	
Motor		Panel		Receptacles / Outlets		Signs	
Smoke Detector		Switch		Transformer		Water Heater	
Total Qty: _____		Total Qty: _____		Total Qty: _____		Total Qty: _____	

**Authorization**

The undersigned stated that he/she is the owner of the property or authorized agent for the owner of the project address. This permit is subject to the observance of all resolutions of Olmsted Township and the laws of the State of Ohio, and is subject to revocation if these are not observed.

\_\_\_\_\_  
**Signature of Property Owner (required)**      **Date**      **Printed Name**

\_\_\_\_\_  
**Signature of Contractor/**      **Date**      **Printed Name**  
**Owner's Authorized Agent (if applicable)**

**It is the responsibility of the owner and/or contractor to notify the Building Department for all required inspections.**

**DEPARTMENT USE ONLY**

**BUILDING / ZONING REVIEW**

Zoning Use \_\_\_\_\_ Zoning District \_\_\_\_\_

**Permit Fee: \$** \_\_\_\_\_

**Total # of openings (above):** \_\_\_\_\_ **x 1.00 = \$** \_\_\_\_\_ **+ State 3%:** \_\_\_\_\_

**Total Permit Fee: \$** \_\_\_\_\_

Review **Approved** by: \_\_\_\_\_ Date: \_\_\_\_\_

Review **Disapproved** by: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_  
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