

ELECTRICAL PERMIT APPLICATION

Date of Submittal: _____

Project Address _____ Lot # _____ Permanent Parcel # _____

Property Owner's Name _____

Address: _____

Property Owner's Phone _____ Fax _____ E-Mail _____

Homeowner acting as contractor – Affidavit required

Contractor Name _____ Contact Person _____

Contractor's Phone # _____ Street _____ City _____ State _____ Zip _____

Contractor's Phone # _____ Fax _____ E-Mail _____

GENERAL PROJECT INFORMATION

Estimated Cost \$ _____

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 _____ Date _____ Printed Name _____

Signature of Contractor (if applicable) _____ Date _____ Printed Name _____

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

Permit Base Fee: \$ _____ Zoning Use _____

Total # of openings (above): _____ x .50 = \$ _____ Zoning District _____

State 1% Fee: \$ _____

Total Permit Fee: \$ _____

Review **Approved** by: _____ Date: _____

Review **Disapproved** by: _____ Date: _____

NOTES: _____