

STANDARD ELECTRICAL PERMITS

* Do you currently have an existing permit for this job location (circle one)? YES / NO

* If "YES", what is your file number? _____

* Will the amperes capacity be between 1-1,000 on this project (circle one)? YES / NO

* Did this projects fail an inspection (circle one)? YES / NO

* Is this project in an area that doesn't have a state inspector (circle one)? YES / NO
IF YES: Cancel this application and go the proper local jurisdiction.

* Organization Name / Homeowner Name (person pulling permit): _____

Doing Business As / Homeowner Name (person pulling permit): _____

MAIN ADDRESS INFORMATION: Contractor or homeowner WHO IS PURCHASING THIS PERMIT.

NOTE: * A VALID PHONE NUMBER & EMAIL ADDRESS IS HIGHLY RECOMMENDED

* Street Address Number: _____ * Street Name: _____

* Zip Code: _____ * City: _____ * State: TN Country: United States

* Phone Number: _____ - _____ - _____ extension: _____

* Email: _____ Fax #: _____ - _____ - _____

Website: _____

CONSTRUCTION ADDRESS INFORMATION: Location WHERE THE ELECTRICAL WORK IS BEING DONE.

Copy from "Main Address"

* Street Address Number: _____ * Street Name: _____

* Zip Code: _____ * City: _____ * State: TN Country: United States

* Phone Number: _____ - _____ - _____ extension: _____ Title: _____

* First Name: _____ Middle Name: _____ * Last Name: _____

OR * Organization Name: _____

OWNER ADDRESS INFORMATION: The OWNER'S INFORMATION

Copy from "Main Address" Copy from "Construction Address"

* Street Address Number: _____ * Street Name: _____

* Zip Code: _____ * City: _____ * State: TN Country: United States

* Phone Number: _____ - _____ - _____ extension: _____

* Email: _____ Title: _____

* First Name: _____ Middle Name: _____ * Last Name: _____

OR * Organization Name: _____

* Electrical Provider: _____

* Who is this work being performed by (circle one)? Electrical Contractor/LLE OR Homeowner

* Permit Type (circle one): Single Family / Multi-Family / Industrial-Commercial / Manufactured Home / Other / EVSE / Safety

Inspection Follow Up

* **Occupancy Type (circle one):** Commercial / Industrial / Residential / Marina Safety Inspection Follow Up

Service Size/ per Permit Fee	Final Inspection	Service Release	Temporary Pole	Occupancy Authorization	# of Floors
0 - 200 / \$35 per permit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
201 - 400 / \$40 per permit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
401 - 600 / \$50 per permit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
601 - 1000 / \$90 per permit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Inspection Type

Rough In / \$35 per permit	<input type="text"/>	HVAC / \$35 per permit	<input type="text"/>	Consultation / \$35 per permit	<input type="text"/>
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NOTE: THERE IS AN ADDITIONAL \$5 ISSUING AGENT FEE IF PURCHASED THRU THE CITY OF CLEVELAND.

* **License Type (circle one):** (Electrical) Contractor / Alarm Contracting Company / Limited License Electrician

* **License Number:** _____

AFFIRMATION DETAIL (Information of THE INDIVIDUAL SUBMITTING THIS APPLICATION, in front of the issuing agent).

* First Name: _____ * Last Name: _____

* Position/Title: _____ Phone Number: _____ - _____ - _____

* Email: _____

Notes (any special notes the inspector will need to know such as lock codes, key locations, dog on site, specific day needed 'if possible', etc.):

I hereby attest, under penalty of perjury, by signing below that I am authorized to purchase this permit for the property listed. I further authorize that by signing, I am authorizing such payment to be made. I understand that failure of the payment process correctly may result in penalties as if the payment had not been made, and the permit holder remains liable for such charges, as provided by law, and any penalties or permit revocation that may attach.

* _____
Permit Purchaser Signature Date

* **Type of Payment (circle one):** Credit/Debit Card / Check (to be processed as E-Check)

BILLING ADDRESS

* First Name: _____ * Address: _____

* Last Name: _____ * City: _____ * State: _____

* Phone Number: _____ - _____ - _____ * Zip Code: _____

CREDIT/DEBIT CARD INFORMATION

Type of Card (circle one): Visa / MC / Amex / Discover

* Card Number: _____ - _____ - _____ - _____

* Expiration Date: _____ / _____ * CVC Code: _____

OR

E-CHECK INFORMATION

* Banking Institution: _____

* Routing Number: _____

* Account Number: _____

