

# ELECTRICAL PERMIT APPLICATION

**SHIAWASSEE COUNTY COMMUNITY DEVELOPMENT**

Permit # \_\_\_\_\_

201 NORTH SHIAWASSEE STREET  
SURBECK BUILDING - THIRD FLOOR  
CORUNNA, MI 48817

Receipt # \_\_\_\_\_

PHONE: (989) 743-2396 • FAX: (989) 743-2393  
INSPECTION LINE: (989) 743-2280

Request # \_\_\_\_\_

- |                                       |                                     |  |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> NEW CONST    | <input type="checkbox"/> SERV. ONLY | <input type="checkbox"/> PRE-MFD/MOD     |
| <input type="checkbox"/> ADDITION     | <input type="checkbox"/> UPGRADE    | <input type="checkbox"/> HUD/MFD/DW      |
| <input type="checkbox"/> ALTER/REPAIR | <input type="checkbox"/> ACC. BLDG. | <input type="checkbox"/> SW OR IN A PARK |

PROJECT DETAILS \_\_\_\_\_

**DO NOT START WORK BEFORE PERMIT IS ISSUED**

*Incomplete applications will be rejected*

Name of Owner:
Address of Job:
Township/Section/Subdivision/Lot:

**CONTRACTOR/HOMEOWNER INFORMATION**

Applicant:	
Address:	
City/State/Zip:	
Area Code and Phone Number Homeowner:	Contractor:
Federal Employer Identification Number:	
M.E.S.C. Employer Number:	
Workers Compensation/Disability Insurance Carrier:	
License Number, Expiration Date:	

BUILDING DIMENSIONS (Measured in Sq. Feet)	
Dwelling: 1st floor _____	2nd floor _____
Att. Garage: _____	Acc. Bldg.: _____

BUILDING TYPE	
<input type="checkbox"/> Frame	<input type="checkbox"/> Masonry
<input type="checkbox"/> Pole	<input type="checkbox"/> Structured Steel
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Other _____

FOUNDATION	
<input type="checkbox"/> Block	<input type="checkbox"/> Poured Wall
<input type="checkbox"/> Wood	<input type="checkbox"/> Trenched Footing
<input type="checkbox"/> Ratwall	<input type="checkbox"/> Other _____
<input type="checkbox"/> Walkout _____ x _____	<input type="checkbox"/> Reg./Unfin. _____ x _____
<input type="checkbox"/> Reg./Fin. _____ x _____	<input type="checkbox"/> Crawlspace _____ x _____

NUMBER OF ROOMS	
# of rooms (excluding bathrooms) _____	
# of bathrooms _____	
# of bedrooms _____	

BASEMENT (please note size)
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**HOMEOWNERS AFFIDAVIT:** I hereby certify that the electrical work described above shall be installed by myself in my single family dwelling in which I live or am about to occupy. All work shall be installed in accordance with the Michigan State Electrical Code and will not be covered, enclosed or put into service until it has been inspected and approved by a Shiawassee County Inspector. I will cooperate with the County and assume all responsibility to arrange for and obtain all necessary inspections. SECTION 23a of the State Construction Codes Act of 1972, Act No. 230 of Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, prohibit a person from conspiring to circumvent the licensing requirements of this State relating to persons who perform work on, or construction of residential buildings.

**VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.**

**EXPIRATION OF PERMIT:** A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A permit will be cancelled when no inspections are requested and conducted within six months of the date of issuance or the date of a previous inspection. Cancelled permits cannot be reinstated.

PERMIT FEES	COST	NO. UNITS	TOTAL
1. Application Fee (non-refundable)	\$ 40.00		\$ 40.00
2. Rough Inspection	40.00		
3. Final Inspection	40.00		
4. Grounding Inspection	40.00		
5. Service through 200 Amp.	40.00		
6. Over 200 Amp.	45.00		
7. Sub-Panel-Indoor	50.00		
8. Acc. Bldg. - UG/From House	60.00		
9. Smoke Detectors (ea)	5.00		
10. # of Circuits (ea)	7.00		
11. Lighting Fixtures (per 25)	10.00		
12. Furnace - Unit Heater or A.C.	10.00		
13. Electrical Baseboard (ea)	10.00		
14. Power Outlets (ranges, dryers, etc.)	10.00		
15. Dishwasher, Garbage Disposal, etc. (ea)	10.00		
K.V.A. and H.P. RATED EQUIPMENT			
16. Units up to 20 K.V.A. and H.P.	15.00		
17. Units 21 to 50 K.V.A. or H.P.	20.00		
18. Units 51 K.V.A. or H.P. and over	25.00		
MISCELLANEOUS			
19. Special/Safety Inspection	40.00		
20. Additional Inspection	40.00		
21. Evaluation	50.00		
<b>TOTAL FEE TO BE PAID</b>			

**PLAN REVIEW REQUIRED FOR HOMES WITH OVER 400 AMP. SERVICE  
+OR HAVE 3500 SQ. FT.**

APPROVED \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF HOMEOWNER/APPLICANT-LICENSEE \_\_\_\_\_

RECEIVED  
(STAMP HERE)