

# ELECTRICAL PERMIT APPLICATION

Napoleon Township  
 6755 Brooklyn Rd.  
 P.O. Box 385  
 Napoleon, MI 49261  
 (517) 536-8694

## Contractor

Company Name \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contractors License No. \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Business Phone Number \_\_\_\_\_ Cell Phone (if applicable) \_\_\_\_\_

FOR OFFICE USE ONLY	
Date Received	_____
Permit Number	_____
Bldg. Permit No.	_____
Fee for Permit	_____

## Homeowner

This is to certify that I, \_\_\_\_\_ being duly sworn agree that if an Electrical Permit is granted me I will actually do all the work involved in connection with mechanical work in and on the following described property, which will be owned and occupied by me for not less than 12 months from this date.

It is understood by me that this work must comply with all provisions of Section 106 of the National Electrical Code and that permission is granted under Paragraph E of Section 5, Act 228, PA 1935 which reads as follows:

"No person, firm, or corporation shall engage in the business of "electrical contracting" unless such person, firm, or corporation shall have received an electrical contractor's license except that no license shall be required in order to execute the following class of work: Any wiring on property owned and occupied by an individual performing the installation, alteration or repair of wiring devices, appliances, and appurtenances, provided the inspection authority deems such person qualified to perform such work."

Signature \_\_\_\_\_

## Project Information

Property Owner \_\_\_\_\_ Home Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Equipment	Number	Fee
Ceiling Outlets		
Switches		
Plug Receptacles		
<b>TOTAL OUTLETS</b>		
Air Heaters		
Ranges		
Signs		
Water Heater		
Lighting Circ.		
Other Circ.		
<b>TOTAL CIRCUITS</b>		
Motors		
Panel Size		
Range Condition		
Sub Feeder Size		

### Fee Schedule: \$70 per inspection required

Please check the one that applies

- New                       Alteration  
 Repair                       Addition

Estimated cost of this project \$ \_\_\_\_\_

**To obtain an inspection, call: JAMES BAKER - ( 517) 536-8775**

APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT ELECTRICAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_