

Chief Executive Officer
Michael Thurmond

## **DEPARTMENT OF PLANNING & SUSTAINABILITY**

Director

Andrew A. Baker, AICP

## **ELECTRICAL PERMIT APPLICATION**

Date:										
Shaded area for office use		Building Permit Nu	nber	Check Applicable Type:						
Electrical Permit Number				□ Residential □ Non-Residential						
					von noordendar					
Job Address	Г	City		State	Zip					
Building No.	Floor No.	Apt / Lot #		Unit / Suite #						
Electrical Information Check One:					_					
□ New (New Bldg.)	☐ Addition (Bldg. Enlarge	ement) 🗆 E	xpansion (To Exist. Sys.	) □ Rep	lacement					
					_					
DESCRIPTION OF WORK:										
	REQUEST FOR T	<b>EMPORARY</b>	<b>ELECTRICAL</b>	SERVICE						
	(COMPLETE THIS SECTI	ON ONLY IF YOU ARE AI	PLYING FOR TEMPORAR	Y POWER)						
In accordance with DeKalb Cou service conductors and service				on for temporary app	roval on the electrical					
☐ Testing of appliance	es and equipment.									
_	ring the winter months to prevent	freeze damage to water s	ystems and equipment and	including but not limited	to painting or installing					
	ncy of the building by no more than	n ten (10) employees only	for training of employees	or stocking of merchandis	e.					
Temporary power approval is request	ted for a period of days.									
We (General Contractor / Property Ovelectrical inspector deems the service County may, at its option, refuse and /	conductors are properly protected	d, the service is properly	nade, and the grounding is							
	ilding, Plumbing, HVAC, Electrical, any stage of construction and / or			Development Department	in a timely manner consistent					
	nent practices. pancy or use of any part of the stru ction and requested purpose(s) no		th temporary approval for s	service is granted for any	purpose other than normal					
In return for the temporary approval,	we hereby assume all responsibili	ity and all liability for any	use of electrical power dur	ing the requested tempor	ary period.					
If temporary approval is revoked and liability for damages or losses occurring		or any of the reasons liste	d above, we hereby agree to	o relieve DeKalb County a	nd its inspectors from any					
General Contractor's / Property Owne	er's Signature		Electrical Contractor's Signa	ature	-					
Name Printed			Name Printed		_					
General Contractor's / Property Owne	er's Company Name	:	Electrical Contractor's Com	pany Name	-					

## Fee Schedule: MINIMUM FEE \$120 Additional \$200 for Fire Alarm Systems (Fire Review & Inspection Fee)

State License #:

Signature of State Cardholder:

Business License #:

METER LOOPS		COMM	ERICAL TRANS	SFORMERS, ELEC	TRIC HEATERS	3	
TEMPORARY SERVICE POLE NO AT \$10.0				S & APPLIANCES			
30 AMPS NO AT \$6.00			ΓHAN 1 KW		AT \$8.00 =		
60 AMPS NO AT \$8.00			3.5 KW		AT \$10.00 = _		
100 AMPS NO AT \$10.0			0 10 KW		AT \$12.00 = _		
125 AMPS NO AT \$12.0			O 25 KW		AT \$15.00 = _		
150 AMPS NO AT \$14.0		OVER	25 KW		AT \$20.00 = _		
200 AMPS NO AT \$16.0		EL OITI		MMERCIAL LIGH			
300 AMPS NO AT \$20.0			RESCENT FIXTUR		AT \$2.00 EA.=		
400 AMPS NO AT \$25.0		COMM	IERCIAL FIXTURE		AT \$2.00 EA.=		
401 TO 599 AMPS NO AT \$30.0		CUD	EEDC	OTH			
600 AMPS & OVER NO AT \$40.0 PANEL CHANGE NO AT \$50.00		SUB F			AT \$0.20/A = AT \$8.00 =		
	,		ISPENSING PUM				
OUTLETS, SWITCHES & LIGHTS	7.A -		MACHINES		AT \$15.00 = _		
RESIDENTIAL         NO AT \$2.00 I           COMMERCIAL         NO AT \$2.50E		SIGNS			AT \$25.00 = _		
RESIDENTIAL APPLIANCES	A. =		MING POOLS		AT \$50.00 = _		
WATER HEATER NO AT \$8.00 =	_		LE HOMES		AT \$50.00 = _		
CLOTHES DRYER NO AT \$8.00 =			JACKS		AT \$1.00 =		
			UTER/DATA OU		AT \$1.00 =		
			VOLTAGE CIRCU	IT NO	AT \$10.00 =		
FURNACE (GAS) NO AT \$7.00							
WASHING MACHINE NO AT \$7.00 =		SPAS,	HOT TUBS & JAC	CUZZI NO	AT \$25.00 = _		
RESIDENTIAL RANGES SURFACE UNIT NO. AT \$8.00 =	_	CONS	TRUCTION TRAI	LERS NO	AT \$75.00 = _		
OVEN UNIT         NO AT \$8.00 =           COMBINED UNIT         NO AT \$10.00			TRICAL RE-				
COMBINED UNIT	· <del>-</del>		CTION FEE e-inspect \$25.0	0 2nd Re-inspec	+-5000 3rd	and after \$10	0.00
FLOOD & AREA LIGHTING		1	mspeed \$25.0	o 2 ne mspe	50.00	una unter 410	0.00
<b>100 TO 300 WATTS</b> NO AT \$6.00 =	=		NSPECTOR RE-				
<b>400 TO 1000 WATTS</b> NO AT \$8.00 =			CTION FEE -inspect\$50.00	2 <sup>nd</sup> and over	\$100,000		
<b>1001 WATTS AND OVER</b> NO AT \$10.00		13. Ke	-mspect\$30.00	Z and over	\$100.000		
1001 WITTO IND OVER							
	HP \$8		20.5 to 59 HP 60 & over	\$25.00 \$30.00 plu \$.03/HP o			
		10.5 t	o 20 HP \$1	14.00			
USE OF MOTORS	HP	VOLTS	PHASE	WIRE SIZE	RUN./CUR.	NO.	AMOUMT
AIR CONDITIONERS		, , , ,	1	.,			
ATTIC FANS							
BATH FANS							
VENT HOODS							
ROOF VENTILATORS			1				
	S <b>→→→</b>	\$					
ELECTRICAL RE-INSPECTION FEES 1st Re-in	spect \$25.00 2 <sup>r</sup>	nd Re-inspect	t \$50.00 3rd R	e-inspect \$100.00	)		
FIRE INSPECTOR RE-INSPECTION FEES 1st Re-in	spect \$50.00 2 <sup>r</sup>	<sup>nd</sup> and over -	\$100.00				
By signing this application, I certify that the work this application I may be subject to criminal prose this application. I understand that I must comply	ecution and/or in	ımediate re	evocation of an	y building perm			
Company: Applicant:	with an County o		owner:	5.			
сопрану.			owner.				
Address:			Address:				
City: State:	7.						
			City:		State:	Zip	
•	Zip		City: Fax #:		State: Mobile #:	Zip	

Signature of Homeowner (Sign only if work is being performed by homeowner):