

Chief Executive Officer
Lorraine Cochran-Johnson

DEPARTMENT OF PLANNING & SUSTAINABILITY

Director
Juliana A. Njoku

ELECTRICAL PERMIT APPLICATION

Date: _____

Shaded area for office use Electrical Permit Number	Building Permit Number	Check Applicable Type: <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential
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Job Address		City	State	Zip
Building No.	Floor No.	Apt / Lot #	Unit / Suite #	

Electrical Information

Check One: <input checked="" type="checkbox"/> New (New Bldg.)	<input type="checkbox"/> Addition (Bldg. Enlargement)	<input type="checkbox"/> Expansion (To Exist. Sys.)	<input type="checkbox"/> Replacement
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DESCRIPTION OF WORK: _____

REQUEST FOR TEMPORARY ELECTRICAL SERVICE

(COMPLETE THIS SECTION *ONLY* IF YOU ARE APPLYING FOR TEMPORARY POWER)

In accordance with DeKalb County Code, Section 7-32(c), when appropriate, please issue authorization for temporary approval on the electrical service conductors and service switch at the above job address for the following checked purposes:

- Testing of appliances and equipment.
- To provide heat during the winter months to prevent freeze damage to water systems and equipment and including but not limited to painting or installing wallpaper.
- Temporary occupancy of the building by no more than ten (10) employees only for training of employees or stocking of merchandise.

Temporary power approval is requested for a period of _____ days.

We (General Contractor / Property Owner / Electrical Contractor) understand that this temporary approval is issued only for the above stated purpose(s) and only after the electrical inspector deems the service conductors are properly protected, the service is properly made, and the grounding is complete. Furthermore, we understand that DeKalb County may, at its option, refuse and / or revoke this authorization for any of the following reasons:

1. Violation of any Building, Plumbing, HVAC, Electrical, and Site Development Codes or regulations.
2. Failure to complete any stage of construction and / or site improvements required by the DeKalb County Development Department in a timely manner consistent with good development practices.
3. Unauthorized occupancy or use of any part of the structure or building for which temporary approval for service is granted for any purpose other than normal continuing construction and requested purpose(s) noted above.

In return for the temporary approval, we hereby assume all responsibility and all liability for any use of electrical power during the requested temporary period.

If temporary approval is revoked and electrical power is discontinued for any of the reasons listed above, we hereby agree to relieve DeKalb County and its inspectors from any liability for damages or losses occurring from such action.

General Contractor's / Property Owner's Signature

Electrical Contractor's Signature

Name Printed

Name Printed

General Contractor's / Property Owner's Company Name

Electrical Contractor's Company Name

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

Service/Temporary

Service

TEMPORARY SERVICE POLE	NO. ____ AT \$10.00 = ____
30 AMPS	NO. ____ AT \$6.00 = ____
60 AMPS	NO. ____ AT \$8.00 = ____
100 AMPS	NO. ____ AT \$10.00 = ____
125 AMPS	NO. ____ AT \$12.00 = ____
150 AMPS	NO. ____ AT \$14.00 = ____
200 AMPS	NO. ____ AT \$16.00 = ____
300 AMPS	NO. ____ AT \$20.00 = ____
400 AMPS	NO. ____ AT \$25.00 = ____
401 TO 599 AMPS	NO. ____ AT \$30.00 = ____
600 AMPS & OVER	NO. ____ AT \$40.00 = ____
PANEL CHANGE	NO. ____ AT \$50.00 = ____

OUTLETS, SWITCHES & LIGHTS

RESIDENTIAL	NO. ____ AT \$2.00 EA. = ____
COMMERCIAL	NO. ____ AT \$2.50EA. = ____

RESIDENTIAL APPLIANCES

WATER HEATER	NO. ____ AT \$8.00 = ____
CLOTHES DRYER	NO. ____ AT \$8.00 = ____
DISHWASHER	NO. ____ AT \$5.00 = ____
DISPOSAL UNIT	NO. ____ AT \$5.00 = ____
FURNACE (GAS)	NO. ____ AT \$7.00 = ____
WASHING MACHINE	NO. ____ AT \$7.00 = ____

RESIDENTIAL RANGES

SURFACE UNIT	NO. ____ AT \$8.00 = ____
OVEN UNIT	NO. ____ AT \$8.00 = ____
COMBINED UNIT	NO. ____ AT \$10.00 = ____

FLOOD & AREA LIGHTING

100 TO 300 WATTS	NO. ____ AT \$6.00 = ____
400 TO 1000 WATTS	NO. ____ AT \$8.00 = ____
1001 WATTS AND OVER	NO. ____ AT \$10.00 = ____

**COMMERCIAL TRANSFORMERS, ELECTRIC HEATERS
ELECTRIC FURNACES & APPLIANCES**

LESS THAN 1 KW	NO. ____ AT \$8.00 = ____
1.0 TO 3.5 KW	NO. ____ AT \$10.00 = ____
4.0 TO 10 KW	NO. ____ AT \$12.00 = ____
10.5 TO 25 KW	NO. ____ AT \$15.00 = ____
OVER 25 KW	NO. ____ AT \$20.00 = ____

COMMERCIAL LIGHTING FIXTURES

FLOURESCENT FIXTURES	NO. ____ AT \$2.00 EA.= ____
COMMERCIAL FIXTURES	NO. ____ AT \$2.00 EA.= ____

OTHER

SUB FEEDS	NO. ____ AT \$0.20/A = ____
GAS DISPENSING PUMP	NO. ____ AT \$8.00 = ____
X-RAY MACHINES	NO. ____ AT \$15.00 = ____
SIGNS	NO. ____ AT \$25.00 = ____
SWIMMING POOLS	NO. ____ AT \$50.00 = ____
MOBILE HOMES	NO. ____ AT \$50.00 = ____
CATV JACKS	NO. ____ AT \$1.00 = ____
COMPUTER/DATA OUTLETS	NO. ____ AT \$1.00 = ____
LOW VOLTAGE CIRCUIT	NO. ____ AT \$10.00 = ____
LIST: _____	

SPAS, HOT TUBS & JACUZZI	NO. ____ AT \$25.00 = ____
CONSTRUCTION TRAILERS	NO. ____ AT \$75.00 = ____

ELECTRICAL RE-INSPECTION FEE	1st Re-inspect. - \$25.00	2nd Re-inspect - 50.00	3rd and after \$100.00
FIRE INSPECTOR RE-INSPECTION FEE	1st Re-inspect. -\$50.00	2nd and over \$100.000	

MOTOR FEES

Less than 1 HP	\$6.00	20.5 to 59 HP	\$25.00
1 to 5 HP	\$8.00	60 & over	\$30.00 plus
5.5 to 10 HP	\$10.00		\$.03 /HP over
10.5 to 20 HP	\$14.00		

USE OF MOTORS	HP	VOLTS	PHASE	WIRE SIZE	RUN./CUR.	NO.	AMOUNT
AIR CONDITIONERS							
ATTIC FANS							
BATH FANS							
VENT HOODS							
ROOF VENTILATORS							

TOTAL OF ALL FEES →→→

\$

ELECTRICAL RE-INSPECTION FEES	1 st Re-inspect \$25.00	2 nd Re-inspect \$50.00	3 rd Re-inspect \$100.00
FIRE INSPECTOR RE-INSPECTION FEES	1 st Re-inspect \$50.00	2 nd and over - \$100.00	

By signing this application, I certify that the work will meet all applicable codes. I understand that if I provide false or misleading information in this application, I may be subject to criminal prosecution and/or immediate revocation of any building permit or certification issued as a result of this application. I understand that I must comply with all County ordinances and regulations.

Company:		Applicant:		Owner:	
Address:				Address:	
City:	State:	Zip	City:	State:	Zip
Fax #:	Mobile #:		Fax #:	Mobile #:	
Email:			Email:		
State License #:	Business License #:		Print Name and Signature of Homeowner		
Signature of State Cardholder:					