



Permit No. _____
Date: _____

## ELECTRIC PERMIT/APPROVAL APPLICATION

LOCATION OF JOB \_\_\_\_\_ LOT # \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

ARCHITECT'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ARCHITECT'S ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

MAIN SERVICE DISCONNECT SIZE: (    ) AMP

PANEL LOCATION: \_\_\_\_\_

METER LOCATION: \_\_\_\_\_

SERVICE PHASE SIZE: SINGLE    THREE    DELTA

SERVICE ENTRANCE CABLE SIZE: (    ) Al/Cu

UTILITY SERVICE:    OVERHEAD  
                                 UNDERGROUND

GRNDG CONDUCTOR SIZE: (    ) WATER PIPE

GRNDG CONDUCTOR SIZE: (    ) ELECTRODE

GRNDG ELECTRODE SIZE:        IN. x        FT.

BLDG TYPE: RES.    MULTI-FAMILY    COMM.

INSTALLATION:    NEW    EXTENSION

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ITEM	FEE	#	AMOUNT
Service *	\$20.00		
Rough Inspection *	\$20.00		
Temp. Pole Service	\$20.00		
Sub Service	\$16.00		
Pre Heat *	\$20.00		
Final Inspection *	\$20.00		
Bonding	\$20.00		
Reconnect	\$26.00		
Survey / Consultation	\$39.00		
120/240 Circuits *	\$2.00		
277/480 Circuits *	\$2.00		
Comm. Inspection	\$24.00		
Fire Alarm	\$33.00		
HVAC / Water Heater *	\$20.00		
Additional Units	\$16.00		
Signs	\$20.00		
Processing Fee	\$9.00		\$9.00
Re-inspection	\$33.00		
Plan Review			
<b>SUBTOTAL</b>			
STATE SURCHARGE (1% Res. / 3% Comm.)			
<b>TOTAL</b>			

\* MUST BE INCLUDED ON NEW CONSTRUCTION  
Service or rough must be included with circuit extensions

By obtaining this permit, the owner, his agent or contractor agree to comply with the current editions of the National Electric Code, the Ohio Building Codes and the Zoning Ordinance of Miamisburg, Ohio. The owner/agent/contractor agree to install the proposed building, work, changes, or alterations described above in accordance with the plans and specifications as approved by the Miamisburg Building Department. The owner/agent/contractor certifies the information and statements given on this application and the accompanying drawings and specifications are true and correct to the best of their knowledge.

APPLICATION BY \_\_\_\_\_ PHONE # \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

**Development / Planning / Inspection Departments**  
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