



Approval No. _____
Date: _____
Applic. No. _____

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			
SUBTOTAL			
STATE SURCHARGE (1% Res. / 3% Comm.)			
TOTAL			

* 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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