



ELECTRICAL PERMIT APPLICATION

Phone: 614.334.2557 Fax: 614.529.6017

Allow 2-3 business days for processing.

The approved permit will be mailed to you.

Visa, Mastercard, Checks &

Money Order payments accepted.

Exhibit
B

revised for: 2010

Homeowner's
Statement
Required

Incomplete or incorrect applications will be returned unprocessed.

Date Applied:

Fees in effect 01.01.2009

Circle one from each box	
RESIDENTIAL	NEW BUILD ALTERATION ADDITION

Owner Information:

Owner's name:

Job Address: City / State / Zip Code:

Contacts Name: Contact's Phone Number:

Subdivision: Lot #:

Contractor Information:

Contractor Name: Contractor's Phone #:

Hilliard Registration #: Contact Name:

PERM.	TEMP.	NO. OF SERV.	SIZE OF SERV.	COST OF SERV.	TOTAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	100 AMP X	\$40.00	= <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	150 AMP X	\$45.00	= <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	200 AMP X	\$50.00	= <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	250 AMP X	\$55.00 (complete if over 250 AMP)	= <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/> AMP X (AMT OVER 250 AMP)	\$0.05 per AMP + \$10.00	= <input type="text"/>

SUB-PANELS: (Qty) X \$7.50 EACH =

ELECTRIC SIGNS/DISPLAY LIGHTING: (Qty) X \$40.00 EACH =

DEVICE/FIXTURE BOXES (Fixtures, Receptacles and Switches):

Number of Boxes: 1st box X \$ 5.00 + x \$0.50 =

SPECIAL FIXTURES:

<i>Item:</i>	<i>Qty:</i>	<i>Item:</i>	<i>Qty:</i>
Disposals	<input type="text"/>	Bath/Kitchen Fan	<input type="text"/>
Furnace	<input type="text"/>	Dish Washer	<input type="text"/>
Dryer	<input type="text"/>	Water Heaters	<input type="text"/>
Ranges	<input type="text"/>	Refrigerator	<input type="text"/>
Heaters	<input type="text"/>	Miscellaneous	<input type="text"/>
		TOTAL	<input type="text"/>

X \$3.00 each =

Motors	<input type="text"/>	Transformers	<input type="text"/>
Generators	<input type="text"/>	Air Conditioners	<input type="text"/>
		TOTAL	<input type="text"/>

X \$4.00 each =

Electric Furnace: X \$60.00 each =

MINIMUM FEE \$40.00 **Subtotal**

(1, 2, & 3 family) **RESIDENTIAL WORK REQUIRES AN ADDITIONAL 1% assesment fee:**

AMOUNT DUE

In consideration of permission granted, I/we agree to construct said work in all respects in conformity with the National Electric Code, the Laws of the State of Ohio and Ordinances of the City of Hilliard relating thereto.

Permit Number: Inspection Line: 614-334.2466

Applicant Signature: _____

Approved by: _____ Building Official Date

This permit application is only to be used for a single family residence that is owner-occupied.
Resolution No. 08-R-41 Adopted: 12/8/2008 In Effect: 1/1/2009

All Electrical Inspections are scheduled for the mornings (9am-Noon), Monday through Friday and must be recorded by 5pm the previous business day. There will be ADDITIONAL CHARGES for after hours and extra inspections. **1309.07 Reinspection Fees:** Whenever more than one inspection for any item covered by this chapter is necessary because of faulty construction, or a trip caused by improper address inability to obtain access, a charge of seventy-five dollars (\$75) shall be made for each additional inspection.