RESIDENTIAL ELECTRICAL PERMIT

CHARTER TOWNSHIP OF LANSING
BUILDING DEPARTMENT
3209 W Michigan Ave.
Lansing, MI
800-627-2801

| Date/// | IG | 800-627-2801 800-627-2801 Ext. 1 | | | | | |
|---|--|-------------------------------------|--|--|--|--|--|
| | Permit # : | _ | | | | | |
| Job Location: | Property Tax No: | | | | | | |
| Owner: | Owner: Phone Number: | | | | | | |
| Address: | City/State/Zip: | | | | | | |
| Owners Email: _ | | | | | | | |
| | of the road: North South East West | | | | | | |
| Fee Schedule | | No. | | | | | |
| Single Inspection \$ 100.00 | ITEMIZATION | xxx. | | | | | |
| Special/Safety Inspection \$ 100.00 | Services: Thru 200amp. | | | | | | |
| Addition Remodel \$150.00 | 200 amp thru 600 amp | | | | | | |
| Addition Remodel \$150.00 (Two inspections) | Circuts | | | | | | |
| <u> </u> | Lighting Fixtures per 25 and fraction of | | | | | | |
| Addition Remodel w/Service Upgrade (Three inspections) | Dishwasher, Garbage disposal & range hood | | | | | | |
| \$200.00 | Furnace unit heater | | | | | | |
| New Residence (Three Inspections) | Electrical heating units (baseboard) | | | | | | |
| | Power Outlets (including ranges, dryers, ect.) | | | | | | |
| \$200.00 | Signs per circuit | 1 | | | | | |
| | Feeders | | | | | | |
| | Data/Telecommunications outlets | | | | | | |
| If a dwelling unit is 3,500 square feet or g appropriate fee before a permit can be is | reater plans must be submitted with an Application for F | Plan Examination and the | | | | | |
| Plans are not required for the following: | | | | | | | |
| When the electrical system rating does unless it is determined to be required by the If work being performed as described abo | | quare feet in area, | | | | | |
| All projects that require plan review will b | · | . <u>—</u> | | | | | |
| COST OF PERMIT: \$ | Description of work: | | | | | | |
| Make checks payable to: CHARTER TOWNSHIP OF LANSING | | | | | | | |
| Building Dept. Approval | Additional Notes: | | | | | | |

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| Contractor Name: | Phone # | | Fax# | | | | |
|--|------------|----------------|-------------------------------|------------|-----------------|-------------|--|
| | | 1 | | | 1 | 1 | |
| Address | | City | | | State | Zip | |
| Federal I.D. No/Social Security No. | | | MESC Employer No: | | | | |
| Federal I.D. No/Social Security No. | | | WESC ETHOUSE NO. | | | | |
| Contractor License No. Exp. Da | te | | Worker's Compensation Insuran | ce Carrier | | | |
| | | | | | | | |
| Name of Master Electrician | | | Master License No. Exp. Date | | | | |
| | | | | | | | |
| Master Electrician Business Address | | City | | | State | Zip | |
| | | | | | | | |
| If exempt from any of the above, explain here: Email: (REQUIRED) | | | | | | | |
| | | | (NEQOINED) | | | | |
| | | | | | | | |
| Section 23A of the state construction co | d - | -£ 1072 NAC | 1 125 15224 muchibite | | fuana aananinin | | |
| circumvent the licensing requirements of | | | | - | - | _ | |
| building or a residential structure. Viola | tors of | f Section 23 | A are subjected to civil | fines. | | | |
| | | | | | | | |
| I am/will be the owner and occ | | | | | | proposed | |
| and will be doing the pro | posed | l work myse | elf. I will not allow any | one to d | o any work. | | |
| Expiration of Permit: A permit remain | | _ | | - | | | |
| and conducted. A permit shall become | | | | | | • | |
| issuance of the permit or if the authori time of commencing the work. A PERM | | • | | • | • | | |
| AND CONDUCTED WITHIN 180 DAYS (| | | | | | | |
| INSPECTION. CLOSED PERMITS CANNO | OT BE | REFUNDED |). | | | | |
| | | | | | | | |
| HOME OWNERS AFFIDAVIT and SIG | GNAT | JRE | | | | | |
| I hereby certify that the work describe | d abov | ve shall be in | stalled in accordance w | ith the lo | cal code and sl | hall not be | |
| enclosed, covered up, or put into oper | | | | · · | = | | |
| cooperate with the inspector and assu | ıme th | e responsibi | lity to arrange for neces | sary and | timely inspecti | ions. | |
| Signed: | | _ | Date: | | | | |
| AGENT/CONTRACTOR'S AFFIDAVIT | and : | SIGNATURE | | | | | |
| I herby certify that the proposed work | is aut | horized by th | ne owner of record and | I have be | en authorized | by the | |
| owner to make this application as his a | author | ized agent. | | | | | |
| Signed: | | | Date: | | | | |