## **COMMERCIAL ELECTRICAL PERMIT**

CITY OF LESLIE **BUILDING DEPARTMENT** 602 W Bellevue P.O. Box 496 11 49251 9-0600 7-2801

Job Location:	Job Location: Property Tax No:						
Owner:	Phone Number:						
Address:	City/State/Zip:						
Owners Email:							
	f the road: North South Eas						
Between (clo	sest roads)&	No.					
	Administration base fee and all required and final inspections	XXX.	\$110.00				
	Services: Thru 200amp.	\$11.00					
	200 amp thru 600 amp	\$16.50					
COST OF PERMIT: \$	600 amp thru 800 amp	\$22.00					
2031 01 1 2111VIII 1 9	800 amp and over	\$27.50					
Make checks payable to	Circuits	\$5.50 each					
	Lighting Fixtures per 25and fraction of	\$6.60 each					
	Dishwasher, Garbage disposal & range hood	\$5.50 each					
CITY OF LESLIE	Furnace unit heater	\$5.50 each					
Building Dept. Approval	Electrical heating units (baseboard)	\$4.40 each					
	Power Outlets (including ranges,dryers, ect.)	\$7.70 each					
Ву:	Signs per circuit	\$11.00 each					
	Feeders	\$6.60 each					
	Mobile Home Park Sites	\$6.60 each					
	Recreational Vehicle Park Sites	\$4.40 each					
	K.V.A. or H.Peach unit up to 20 K.VA. /H.P.	\$6.60					
ant is the rating of the service or feeder in	21 to 50 K.V.A. or H.P.	\$11.00	_				
What is the rating of the service or feeder in ampere?	51 K.V.A. or H.P. and over	\$13.20					
	Fire Alarm-up to 10 stations and horns	\$55.00					
	11 to 20 stations and horns	\$110.00					
What is the building size in square footage?	Over 21 stations and horns	\$5.50 each					
	Data/Telecommunications Outlets 1 -19 devices	\$5.50 each					
	20 – 300 devices	\$110.00					
	20 000 0071000	\$330.00					

If work being performed as described above, check box below "Plans Not Required." **Plans Not Required** 

Plans are required for all other building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to 1980 PA 299 and shall bear that architect's or engineer's seal and signature.

All projects that require plan review will be assessed a plan review fee.

## COMMERCIAL ELECTRICAL PERMIT

Description of work:			Additional Notes:					
Contractor Name:	Phone #			Fax #				
Address	City				State	Zip		
Federal I.D. No/Social Security No.		ME	MESC Employer No:					
Contractor License No. Exp. Date		Wo	Worker's Compensation Insurance Carrier					
Name of Master Electrican		Ma	Master License No. Exp. Date					
Master Electrican Business Address	City				State	Zip		
If exempt from any of the above, explain here:			Email: (REQUIRED)					
Section 23A of the state constructio conspiring to circumvent the licensir work on a residential building or a r fines.	ng requirements	of the sta	ite relating to pers	ons who a	are to perfo			
Expiration of Permit: A permit rem conducted. A permit shall become issuance of the permit or if the aut time of commencing the work. A PAND CONDUCTED WITHIN 180 DACLOSED PERMITS CANNOT BE REF	invalid if the a horized work is ERMIT WILL BI YS OF THE DAT	uthorized suspend E <b>CLOSE</b> I	d work is not con led or abandoned D WHEN NO INSF	nmenced d for a pe PECTIONS	within 18 riod of 180 ARE REQ	O days after O days after the UESTED		
AGENT/CONTRACTOR'S AFFIDA	AVIT and SIGNA	TURE						
I herby certify that the proposed vowner to make this application as		=	owner of record an	d I have b	een authori	ized by the		
Cignod.			Data					