

COMMERCIAL ELECTRICAL PERMIT

CHARLESTON TOWNSHIP
 BUILDING DEPARTMENT
 8721 Gull Road,
 Suite B Richland MI
 49083
 269-629-0600
 800-627-2801

Date ____ / ____ / ____
CHARLESTON TOWNSHIP

Permit # : _____

Job Location: _____ Property Tax No: _____
 Owner: _____ Phone Number: _____
 Address: _____ City/State/Zip: _____
 Owners Email: _____

Which side of the road: ___ North ___ South ___ East ___ West

Between (closest roads) _____ & _____

ITEMIZATION No.

COST OF PERMIT: \$ _____
 Make checks payable to
CHARLESTON TOWNSHIP
 Building Dept. Approval
 By: _____

Administration base fee and all required and final inspections	xxx.		\$ 105.00
Services: Thru 200amp.			\$ 10.50
200 amp thru 600 amp			\$ 15.75
600 amp thru 800 amp			\$ 21.00
800 amp and over			\$ 26.25
Circuits			\$ 5.25 each
Lighting Fixtures -- per 25and fraction of			\$ 6.30 each
Dishwasher, Garbage disposal & range hood			\$ 5.25 each
Furnace -- unit heater			\$ 5.25 each
Electrical heating units (baseboard)			\$ 4.20 each
Power Outlets (including ranges,dryers, ect.)			\$ 7.35 each
Signs -- per circuit			\$ 10.50 each
Feeders			\$ 6.30 each
Mobile Home Park Sites			\$ 6.30 each
Recreational Vehicle Park Sites			\$ 4.20 each
K.V.A. or H.P. -each unit up to 20 K.VA. /H.P.			\$ 6.30
21 to 50 K.V.A. or H.P.			\$ 10.50
51 K.V.A. or H.P. and over			\$ 12.60
Fire Alarm-up to 10 stations and horns			\$ 52.50
11 to 20 stations and horns			\$ 105.00
Over 21 stations and horns			\$ 5.25 each
Data/Telecommunications Outlets			
1 -19 devices			\$ 5.25 each
20 - 300 devices			\$ 105.00
Over 300 devices			\$ 315.00
Total			\$

What is the rating of the service or feeder in ampere?

What is the building size in square footage?

Plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued, except as listed below. Plans are not required for the following.

1. When the electrical system rating does not exceed 400 amps and the building is not over 3,500 square feet in area, unless it is determined to be required by the code official.
2. Work completed by a governmental subdivision or state agency costing less than \$15,000.00 .

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.**

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Description of work:	Additional Notes:
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Contractor Name:		Phone #		Fax #	
Address		City		State	Zip
Federal I.D. No/Social Security No.			MESC Employer No:		
Contractor License No.		Exp. Date		Worker's Compensation Insurance 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)		
<p>Section 23A of the state construction code act of 1972, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of the state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23 A are subjected to civil fines.</p>					

Expiration of Permit: A permit remains valid as long as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within 180 days after issuance of the permit or if the authorized work is suspended or abandoned for a period of 180 days after the time of commencing the work. **A PERMIT WILL BE CLOSED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN 180 DAYS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CLOSED PERMITS CANNOT BE REFUNDED.**

AGENT/CONTRACTOR'S AFFIDAVIT and SIGNATURE

I herby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: _____ Date: _____