RESIDENTIAL ELECTRICAL PERMIT

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

Date / /		Richland MI 4908 269-629-0600 800-627-2801				
CHARLESTON TOWNSH						
Job Location:	Job Location: Property Tax No:					
Owner:	Owner: Phone Number:					
	Address: City/State/Zip:					
Owners Email:						
	e of the road: North South East West					
Fee Schedule		No.				
Single Inspection \$53.00	ITEMIZATION	xxx.				
Special/Safety Inspection \$ 53.00	Services: Thru 200amp.					
Addition Domodal C	200 amp thru 600 amp	+ + -				
Addition Remodel \$ 152.00 (Two inspections)	Circuts	+ +				
, ,	Lighting Fixtures per 25 and fraction of					
Addition Remodel w/Service Upgrade (Three inspections)	Dishwasher, Garbage disposal & range hood					
\$ 205.00	Furnace unit heater					
·	Electrical heating units (baseboard)					
New Residence \$ 205.00 (Three Inspections)	Power Outlets (including ranges,dryers, ect.)					
(Tillee Hispections)	Signs per circuit					
	Feeders					
	Data/Telecommunications outlets					
appropriate fee before a permit can be is		uare feet in area, unless it				
COST OF PERMIT: \$ Make checks payable to CHARLESTON TOWNSHIP	Description of work:					

Additional Notes:

Building Dept. Approval

By: _

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Contractor Name:	Phone #		Fax #				
Address		City			State	Zip	
Address		City			State	ΖΙΡ	
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)				
		(10=0 11					
Section 23A of the state construction co circumvent the licensing requirements of		-		-	-	_	
building or a residential structure. Viola			· ·	-			
I am/will be the owner and occarring and will be doing the pro	cupan	t of the pre	mises on which the do	escribed	Installation	is proposed	
and will be doing the pro	posed	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 PERN						•	
AND CONDUCTED WITHIN 180 DAYS (TE OF A	PREVIOUS		
INSPECTION. CLOSED PERMITS CANNO	OT BE	REFUNDED).				
HOME OWNERS AFFIDAVIT and SI	GNAT	URE					
I hereby certify that the work describ enclosed, covered up, or put into ope							
cooperate with the inspector and ass				-	-		
Signed:			Date:				
AGENT/CONTRACTOR'S AFFIDAVI							
				d I have	hoon author	izad by tha	
I herby certify that the proposed wor owner to make this application as his		-		u i nave	neen autnor	izeu by the	
Signed:			Date:				