## RESIDENTIAL ELECTRICAL PERMIT

VILLAGE OF SCHOOLCRAFT
BUILDING DEPARTMENT
8721 Gull Road, Suite B
Richland MI 49083
269-629-0600

Date///		Richland MI 4908 269-629-0600 800-627-2801
Job Location:	Property Tax No:	
Owner:	Phone Number:	
	City/State/Zip:	
Owners Email:		
	e of the road: North South East West	
Fee Schedule		No.
Single Inspection \$77.00	ITEMIZATION	xxx.
Special/Safety Inspection \$77.00	Services: Thru 200amp.	
Addition Romodol A4E4 00	200 amp thru 600 amp	-
Addition Remodel \$154.00 (Two inspections)	Circuts	
	Lighting Fixtures per 25 and fraction of	
Addition Remodel w/	Dishwasher, Garbage disposal & range hood	
Service Upgrade (Three	Furnace unit heater	
inspections) \$231.00	Electrical heating units (baseboard)	
New Residence \$231.00 (Three Inspections)	Power Outlets (including ranges, dryers, ect.)	
(Three inspections)	Signs per circuit	
	Feeders	
	Data/Telecommunications outlets	
appropriate fee before a permit can be i  Plans are not required for the following:	: es not exceed 400 amps and the building is not over 3,500 squ official.	uare feet in area, unless it
COST OF PERMIT: \$	Description of work:	- Cyunica
Make checks payable to	Description of West.	
VILLAGE OF SCHOOLCRAFT		

Additional Notes:

**Building Dept. Approval** 

By: \_

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<b>-</b>							
Contractor Name:	Phone #	Phone # Fax #		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. Da	ate	
Master Electrician Business Address		City			State	Zip	
If exempt from any of the above, explain here:			Email: (REQUIRED)				
Section 23A of the state construction of circumvent the licensing requirements building or a residential structure. Vio	s of the st	ate relating	to persons who are to	perform	-	_	
I am/will be the owner and or and will be doing the present the pr	ins valid ne invalid orized wo RMIT WI S OF THE	as long as well if the authork is suspected by DATE OF IS	work is progressing an iorized work is not conded or abandoned ED WHEN NO INSPECTION OF THE DA	nd inspectormence for a per CTIONS A	ctions are re ed within 18 iod of 180 da ARE REQUES	quested 30 days after ays after the	
HOME OWNERS AFFIDAVIT and	SIGNATI	JRE					
I hereby certify that the work descr enclosed, covered up, or put into o cooperate with the inspector and a	peration	until it has b	een inspected and ap	proved b	y the inspecto	or. I will	
Signed:			Date:				
AGENT/CONTRACTOR'S AFFIDA	VIT and S	SIGNATURE					
I herby certify that the proposed wo			he owner of record an	ıd I have	been authoriz	zed by the	
Signed:			Date:				