

CITY OF WATERTOWN ELECTRICAL PERMIT

Permit Number _____

PLEASE PRINT OR TYPE ALL INFORMATION AND COMPLETE ITEMS ON BOTH SIDES

Check appropriate boxes. Fill in appropriate blanks.

Quantity	DESCRIPTION OF WORK	FEES	Sub/Total
	A. MINIMUM FEE PER INSPECTION TRIP		
	Includes up to 4 circuits if more than 4 see Sec. D below	\$ 40.00 per	
	Additional Inspection trips for Reinspection/Bonding/Equipotential Plane/etc.	\$ 40.00 per	
	B. RESIDENTIAL One and Two-family dwelling units Up to 3 trips included in fee		
	1. New Dwelling Unit, up to and including a 200 amp service	\$ 125.00 per unit	
	2. New Dwelling Unit, 201 amp to 400 amp service	\$ 175.00 per unit	
	3. Existing Dwelling Unit, additions, alterations, or repairs up to & including a 200 amp service, fees as per C & D below but not to exceed	\$ 125.00 per unit	
	4. Existing Dwelling Unit, additions, alterations, or repairs 201 amp to 400 amp service fees as per C & D below but not to exceed	\$ 175.00 per unit	
	5. New or Existing Dwelling Unit, 401 amp service or above	See C & D below	
	C. FEES FOR NEW OR UPGRADED SERVICES, TEMP. SERVICES, GENERATORS, OTHER POWER SUPPLY SOURCES, OR FEEDERS TO SEP. STRUCTURES		
	1. Up to and including a 200 amp service	\$ 50.00 each	
	2. 201 amp to and including 400 amp service	\$ 100.00 each	
	3. 401 amp to and including 800 amp service	\$ 200.00 each	
	4. 801 amp service and above	\$ 300.00 each	
	D. FEES FOR CIRCUITS/FEEDERS & TRANSFORMERS		
	0 to 200 amp	\$ 10.00 per circuit	
	Above 200 amp	\$ 15.00 per circuit	
	Transformers up to 10 KVA	\$ 20.00 each	
	Transformers over 10 KVA	\$ 30.00 each	
	E. MULTI-FAMILY DWELLINGS		
	Each dwelling unit	\$ 50.00 per unit	
	F. ALARM, COMMUNICATION, SIGNALING CIRCUITS, OF LESS THAN 50 VOLTS		
	Each System Device or Apparatus @	\$.50 each	
	G. FOR INSPECTIONS NOT COVERED ON THIS FORM OR FOR REQUESTED SPECIAL INSPECTIONS		
	Hourly charge	\$ 57.00 per hour	
	H. COMMERCIAL PLAN REVIEW FEE (IF REQUIRED) is 25% of Total Permit Fee		
	I. WORK BEGUN OR FINISHED WITHOUT PERMIT IS 2X THE REQUIRED PERMIT FEE		
	State Surcharge .0005 of the permit fee (minimum of \$5.00)		5.00
	TOTAL AMOUNT DUE \$		
	(Do not forget State Surcharge Fee)		

You must call the inspector 952-442-7520 when work is ready for inspection

Describe Proposed Work: _____

Separate Permits are required for any building, mechanical, fire, or plumbing work.

PLEASE PRINT OR TYPE ALL INFORMATION AND COMPLETE ITEMS ON BOTH SIDES

Job Site: Street Address: _____
 City: _____ Zip: _____ - _____ County: _____
 Legal Description: Lot: _____ Block: _____ Subdivision Name: _____
 Property I.D. (PIN) No. _____

Applicant is: Contractor: _____ **Or** **Owner:** _____
Contractor/Company Name: _____
 Address: _____ City: _____
 State: _____ Zip: _____ - _____ Contractors License #: _____ E-mail _____
 Telephone: Office :(_____) _____ - _____ Mobil:(_____) _____ - _____ Fax:(_____) _____ - _____

Builder/Owner Name: _____
 Builder/Owner Telephone: Office/Home: (_____) _____ - _____ Mobile: (_____) _____ - _____
 E-mail: _____ Fax: (_____) _____ - _____

I HEREBY APPLY FOR AN ELECTRICAL PERMIT, AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; I UNDERSTAND WORK IS NOT TO START WITHOUT A PERMIT. I UNDERSTAND AND HEREBY AGREE THAT THE WORK FOR WHICH THE PERMIT IS ISSUED SHALL BE PERFORMED ACCORDING TO THE FOLLOWING: (1) THE CONDITIONS OF THE PERMIT, (2) THE APPROVED PLANS AND SPECIFICATIONS, IF NEEDED (3) THE APPLICABLE CITY APPROVALS, ORDINANCES, AND CODES, AND (4) THE STATE BUILDING/ELECTRICAL CODE. I UNDERSTAND THAT THE PERMIT WILL EXPIRE, AND BECOME NULL AND VOID IF WORK IS NOT COMPLETED WITHIN 12 MONTHS OF VALIDATED DATE AND, THAT I AM RESPONSIBLE FOR ENSURING THAT ALL REQUIRED INSPECTIONS ARE REQUESTED IN CONFORMANCE WITH THE STATE BUILDING/ELECTRICAL CODE.

Signature: _____ Date: _____

PAYMENT MUST ACCOMPANY APPLICATION (Make Sure To Include State Surcharge with Payment)

Check Attached – Check # _____ Make checks payable to MNSPECT, mail payment to P.O. Box 342 Waconia, MN 55387

MAIL: MNSPECT, P. O. Box 342 Waconia, MN 55387
FAX: 952-442-7521
DELIVER: MNSPECT, 235 West First Street Waconia, MN 55387

Visa/Master Card – _____ / _____ \$ _____
 Account Number Expiration Date Amount to be withdrawn

Credit Card Owner Billing Address: _____
 Street Address City, State Zip Code

Payment Authorization Signature (REQUIRED)

Print Name on credit card (REQUIRED)

FOR OFFICE USE:
 Receipt _____ Date _____ Initials _____