

OTTAWA COUNTY DEPARTMENT OF BUILDING INSPECTION
APPLICATION FOR ELECTRICAL PERMIT
COMMERCIAL ONLY

HVAC PERMIT NO. _____

FEE _____

BLDG. PERMIT NO. _____

DATE _____, 20 ____

I. TOWNSHIP/VILLAGE/CITY: _____

NAME OF BUSINESS: _____

NUMBER AND STREET: _____

USE GROUP: _____ For R-1, R-2, & R-3 indicate number of units _____

HOW OCCUPIED: _____ (Office, Restaurant, Church, School, etc.)

II. DESCRIPTION OF WORK:

NEW CONSTRUCTION AND ADDITIONS: AREA OF BUILDING _____

ALTERATION AND CHANGE OF USE: AREA INVOLVED _____

NEW SERVICE ADDITION SERVICE CHANGE

TEMPORARY SERVICE RE-WIRE OTHER

SERVICE AMPERAGE: 1 PHASE ___ 3 PHASE ___ 3 WIRE ___ 4 WIRE ___ OTHER ___

FEEDERS: BURIED OVERHEAD

ALARM SYSTEM NUMBER OF DEVICES

III. IDENTIFICATION: To Be Completed By All Applicants

1. OWNER/LESSEE: _____ TEL. NO. _____

ADDRESS: _____

CITY/STATE/ZIP: _____

2. CONTRACTOR: _____ TEL. NO. _____

ADDRESS: _____

CITY/STATE/ZIP: _____

3. ENGINEER/ARCHITECT: _____ REG. NO. _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to all applicable laws of this jurisdiction.

Signature of Applicant (Contractor/Owner/Agent)

Application Date

Date of Approval

Permit Approved By