

ELECTRICAL PERMIT APPLICATION

**MARSHALL TOWNSHIP
13551 MYRON AVERY DRIVE
MARSHALL, MI 49068
TEL (269) 781-7976
FAX (269) 781-4403**

| | | | | |
|--|---|--|--|---|
| I. JOB LOCATION | | | | |
| Name of Owner/Agent | | Has a building permit been obtained for this project? _____ Yes _____ No _____ Not Required | | |
| Street Address & Job Location (Street No. & Name) | | P.O. | Township | County |
| Job site telephone | | E-mail address | | |
| II. CONTRACTOR/ HOMEOWNER INFORMATION | | | | |
| <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner | Name | License Number | Expiration Date | |
| Address (Street # and Name) | | P.O. | State | Zip |
| Telephone Number () | Social Security Number | Federal Employer ID Number (or reason for exemption) | | |
| Workers Compensation Insurance Carrier (or reason for exemption) | | MESC Employer Number (or reason for exemption) | | |
| III. TYPE OF JOB | | | | |
| <input type="checkbox"/> Single Family <input type="checkbox"/> Other | <input type="checkbox"/> New <input type="checkbox"/> Alteration | <input type="checkbox"/> Service Only <input type="checkbox"/> Special Inspection | <input type="checkbox"/> Premanufactured Home setup (State Approved) <input type="checkbox"/> Manufactured Home Setup (HUD Mobile Home) | <input type="checkbox"/> State Owned <input type="checkbox"/> School |
| IV. PLAN REVIEW REQUIRED | | | | |
| See below for plan review requirements before completing this section. Plans and specifications must be submitted when the wiring or alternation to an electrical system is over 400 amps and is in excess of 3,500 square feet in all buildings. | | | | |
| What is the rating of the service or feeder in ampere? _____ | | | | |
| What is the building size in square feet? _____ | | | | |
| Have plans been submitted? _____ YES _____ NO _____ NOT REQUIRED | | | | |
| Plans are required for all building types and shall be prepared by or under the direct supervision of an architect or engineer licensed pursuant to Act No. 299 of the Public Acts of 1980, as amended, and shall bear that architect's or engineer's signature and seal, except: | | | | |
| 1. When the electrical system rating does not exceed 400 amps and the building is not over 3,500 square feet in area. | | | | |
| 2. Work completed by a governmental subdivision or state agency costing less than \$15,000.00. | | | | |
| PLANS MUST BE SUBMITTED BEFORE A PERMIT CAN BE ISSUED. | | | | |
| V. APPLICANT SIGNATURE | | | | |
| Section 23a of the state construction code act of 1972, 1972 PA 230, MCL 125; 1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subjected to civil fines. | | | | |
| Signature of Licensee or Homeowner (<u>Homeowner signature indicates compliance with Homeowner Affidavit</u>) | | | | Date |
| VI. HOMEOWNERS AFFIDAVIT: I hereby certify the electrical work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the Electrical Code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the Electrical Inspector. I will cooperate with the Electrical Inspector and assume the responsibility to arrange for necessary inspections. | | | | |
| COMPLETE APPLICATION ON BACK SIDE | | | | |

ELECTRICAL - PERMIT APPLICATION

VI. FEE CLARIFICATIONS

ITEM #1, MOBILE HOME UNIT SITE:

When installing a site service in a park, the permit application must include the application fee, service, plus the number of park sites.

When setting a HUD mobile home in a park, a permit must include the application fee and a feeder. This shall be done by a licensed electrical contractor.

When setting a HUD mobile home or a premanufactured home on private property, a permit must include the application fee, service and feeder.

VII. FEE CHART - Enter the number of items being installed; multiply by the unit price for total fee.

| | FEE | #ITEMS | TOTAL | | FEE | #ITEMS | TOTAL |
|--|---------|--------|---------|---|---------|--------|-------|
| 1. Application Fee | \$50.00 | 1 | \$50.00 | CIRCUITS | | | |
| 2. Special/Safety/Presale inspections Including report | \$45.00 | | | 17. Circuits or alteration to an existing circuit per circuit | \$5.00 | | |
| 3. Additional inspections - each | \$40.00 | | | 18. Dishwasher | \$5.00 | | |
| 4. Reinspections - each | \$40.00 | | | 19. Furnace - unit heater | \$5.00 | | |
| 5. Final Inspection | \$40.00 | | | 20. Radiant heat or baseboard (per circuit) | \$10.00 | | |
| 6. Certificate fee | \$10.00 | | | 21. Ranges | \$10.00 | | |
| SERVICES | | | | 22. Clothes dryers | \$10.00 | | |
| 7. Temporary service | \$25.00 | | | 23. Water heaters/ Well Pump (per unit) | \$10.00 | | |
| 8. 0 - 800 AMP | \$25.00 | | | 24. Air conditioners or HVAC equipment | \$10.00 | | |
| 9. 801 - 1200 | \$50.00 | | | 25. Swimming pools, fountains and hot tubs | \$30.00 | | |
| 10. Over 1200 AMP | \$50.00 | | | 26. Signs and neon per unit | \$25.00 | | |
| 11. Transfer Switch | \$20.00 | | | 27. Fire alarms/nurse call system (up to 10 devices) | | | |
| 12. Sub or Accessory Panels | \$15.00 | | | 28. Fire alarms/signal, each additional device | \$5.00 | | |
| 13. Primary Service (includes initial transformer) | \$80.00 | | | 29. Feeders/buss duct per 50 feet | \$10.00 | | |
| | | | | 30. Smoke Detectors (each) | \$5.00 | | |
| TRANSFORMERS AND MOTORS | | | | MISCELLANEOUS | | | |
| 14. Up to 50 KVA or H.P. | \$10.00 | | | 31. Lighting fixtures (per 25) (per 25) | \$25.00 | | |
| 15. Over 50 KVA or H.P. | \$20.00 | | | 32. Conduit or grounding only | \$30.00 | | |
| 16. Communications/CATV | \$15.00 | | | PLAN REVIEW * | | | |

(Minimum Fee \$85)

TOTAL FEES

Permit fee up to \$90 includes one inspection; fee from \$91 to \$120 include Two inspections and fees over \$ 121 include three inspections.

\$

* PLAN REVIEW

- See section IV for additional requirements
- Plans may be required for projects that include unusual designs.
- Plan Review Fee: 25% of calculated Building Plan Review Fee – MINIMUM \$50.00

VIII. INSTRUCTIONS FOR COMPLETING APPLICATION

GENERAL: Electrical work shall not be started until the permit has been issued or other approval has been obtained. All installations shall be in conformance with the State Electrical Code. No work shall be concealed until it has been inspected.

When ready for an inspection, call the inspector providing as much advance notice as possible. The inspector will need the Job Location and Permit Number.

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 six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A PERMIT WILL BE CANCELED WHEN NO INSPECTIONS ARE REQUESTED AND CONDUCTED WITHIN SIX MONTHS OF THE DATE OF ISSUANCE OR THE DATE OF A PREVIOUS INSPECTION. CANCELED PERMITS CANNOT BE REFUNDED OR REINSTATED.

WHERE TO SUBMIT APPLICATION: Permit applications for city/township issued permits should be sent to the address listed on the front of this application. If you are not sure whether a city permit is appropriate, contact your local inspector. Questions regarding state issued permits may be directed to the Office of Management Services, permit Section at (517) 241-9313. Code questions may be directed to your local inspector.

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| Street Address & Job Location (Street No. & Name) | | P.O. | Township | County |
| Job site telephone | | E-mail address | | |
| II. CONTRACTOR/ HOMEOWNER INFORMATION | | | | |
| <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner | Name | License Number | Expiration Date | |
| Address (Street # and Name) | | P.O. | State | Zip |
| Telephone Number () | Social Security Number | Federal Employer ID Number (or reason for exemption) | | |
| Workers Compensation Insurance Carrier (or reason for exemption) | | MESC Employer Number (or reason for exemption) | | |
| III. TYPE OF JOB | | | | |
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| Signature of Licensee or Homeowner (Homeowner signature indicates compliance with Homeowner Affidavit) | | | | Date |
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