



Application for Electrical Permit

Building Department Hours

Permit No. _____

8am to 3pm Monday through Friday
440-235-4225

Date Issued _____

Section 1- General Information

Date _____

PLEASE PRINT OR TYPE

Estimated cost of project \$ _____

Address of construction _____

Owner's name _____

Contractor _____ Business phone _____

Contractor's address _____

Street City State Zip

Email: _____

Section 2-Description of Property and Project

Type of Structure	Type of Installation	# of units	Type of Installation	# of units
<input type="checkbox"/> Single Family	<input type="checkbox"/> Light Fixture	_____	<input type="checkbox"/> Emergency Light	_____
<input type="checkbox"/> Two Family	<input type="checkbox"/> Receptacle Outlet	_____	<input type="checkbox"/> Motors /Horsepower	_____
<input type="checkbox"/> Three Family	<input type="checkbox"/> High intensity lights	_____	<input type="checkbox"/> Generator /Horsepower	_____
<input type="checkbox"/> Apartment	<input type="checkbox"/> Panel- MAIN	_____	<input type="checkbox"/> Signs	_____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Panel-SUB	_____	<input type="checkbox"/> Electrical Furnace	_____
<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Service Upgrade	_____	<input type="checkbox"/> Temporary lighting	_____
Type of Work	<input type="checkbox"/> Service Replacement	_____	<input type="checkbox"/> Hot-tub/Pool	_____
<input type="checkbox"/> New Structure	<input type="checkbox"/> Meter Base	_____	<input type="checkbox"/> Water Heater	_____
<input type="checkbox"/> Addition	<input type="checkbox"/> Exhaust Fan	_____	<input type="checkbox"/> Smoke Detectors	_____
<input type="checkbox"/> Alteration	<input type="checkbox"/> Baseboard Heater	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Repair	<input type="checkbox"/> Range	_____		
<input type="checkbox"/> Replacement	<input type="checkbox"/> Air Conditioner	_____		
<input type="checkbox"/> Other (describe)				

Additions, remodels and new construction are required to provide a complete description of the electrical work, including: materials, general routing, location and type of all lighting and power equipment; type and size of all electrical conductors indicating all wiring methods; one-line diagram for power distribution including service bonding and grounding details; provide panel schedules including overcurrent protection ratings.

Contractor is required to schedule a rough-in inspection before any concealment. By signing the application, the applicant certifies that the installation will comply with the regulations of the Olmsted Township Building Code and State Codes.

TO THE BUILDING COMMISSIONER: This application is submitted for a permit to erect, add to, alter or repair a structure as described in this application and any drawings which accompany it. The acceptance of the permit shall be considered an agreement on the part of the applicant or his agents to comply with the Building and Zoning codes of the Township of Olmsted Township, or other orders, requirements or specifications slated in the permit. In signing this application, the contractor or owner's agent certifies that the work is authorized by the owner or record.

Applicant's Signature

Print Name

Date

Applicant is: Owner

Contractor

Owner's Agent



***2 COPIES OF PLANS REQUIRED TO BE SUBMITTED WITH APPLICATION**
DO NOT WRITE BELOW THIS LINE

Section 3-Additional Requirements (to be filled out by staff)

Reference building permit number _____

Permit Fee: _____

Electrical Fee: _____

Mechanical Fee: _____

Trade Fee: _____

Site Fee: _____

Other Fee: _____

Engineer Fee: _____

Plan Review Fee: _____

Ohio BBS 1% OR 3% Fee: _____ (circle to indicate)

Total Fee Due: _____

Section 4-Approval and Fees

Building Official _____ Date _____

Amount _____ Check# _____