

ELECTRICAL PERMIT APPLICATION

Area Metropolitan Services Agency

Please make your check payable to and send it to, the appropriate jurisdiction noted.

Please mark box for appropriate jurisdiction.

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Bedford Township
115 S Uldriks Drive
Battle Creek, MI 49017
ph: 269-965-9096
fx: 269-965-0908 | <input type="checkbox"/> City of Battle Creek
10 N Division St, Ste 111
Battle Creek, MI 49014
ph. 269-966-3382
fx. 269-966-3654 | <input type="checkbox"/> Pennfield Township
20260 Capital Ave NE
Battle Creek, MI 49017
ph. 269-968-4422
fx. 269-968-2021 | <input type="checkbox"/> City of Springfield
601 Avenue A
Springfield, MI 49015
ph. 269-965-3880
fx. 269-965-0114 | <input type="checkbox"/> Newton Township
7988 G Drive South
Ceresco, MI 49033
ph. 269-979-3212
fx. 269-979-4470 |
|---|---|--|--|--|

Administrative Section:

- Cash
 Check # _____ Receipt # _____ Inspector Approval _____ Issued Permit # _____

I. JOB LOCATION

NAME OF OWNER / AGENT	HAS A BUILDING PERMIT BEEN OBTAINED FOR THIS PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
STREET ADDRESS & JOB LOCATION (STREET NO. & NAME)	NEAREST CROSS STREET
E.R. NUMBER	JOB SITE TELEPHONE
	CELL NUMBER
	FAX

II. CONTRACTOR / HOMEOWNER INFORMATION

SELECT ONE: CONTRACTOR HOME OWNER

NAME	ADDRESS	CITY/STATE	ZIP
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
BUILDERS LICENSE NUMBER	EXPIRATION DATE	DATE OF BIRTH	
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			

III. PLAN REVIEW 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.

WHAT IS THE RATING OF THE SERVICE IN AMPERE? _____

WHAT IS THE SIZE OF THE BUILDING IN SQUARE FEET? _____

PLANS MUST BE SUBMITTED BEFORE A PERMIT CAN BE ISSUED.

HAVE PLANS BEEN SUBMITTED? YES NO NOT REQUIRED

IV. TYPE OF JOB

- SINGLE FAMILY RESIDENTIAL
- MULTI FAMILY RESIDENTIAL
- ALTERATION/REMODEL
- NEW CONSTRUCTION
- SERVICE ONLY
- SPECIAL INSPECTION
- PRE-MANUFACTURED HOME (STATE APPROVED)
- MANUFACTURED HOME (HUD MOBILE HOME)
- SCHOOL
- OTHER

V. CONTRACTOR'S 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	DATE
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VI. HOMEOWNER AFFIDAVIT

I HEREBY CERTIFY THE MECHANICAL WORK DESCRIBED ON THIS PERMIT APPLICATION SHALL BE INSTALLED BY MYSELF IN A HOME THAT I OCCUPY OR PLAN TO OCCUPY. ALL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE MECHANICAL CODE AND SHALL NOT BE ENCLOSED, COVERED UP, OR PUT INTO OPERATION UNTIL IT HAS BEEN INSPECTED AND APPROVED BY THE MECHANICAL INSPECTOR. I WILL COOPERATE WITH THE MECHANICAL INSPECTOR AND ASSUME THE RESPONSIBILITY TO ARRANGE FOR NECESSARY INSPECTIONS.

SIGNATURE OF HOMEOWNER	DATE
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COMPLETE APPLICATION ON BACK SIDE

