



Electrical Permit Application

Jefferson County Code Enforcement

PO BOX 100 / 725 Maple Street

Hillsboro, MO 63050

Phone: 636-797-5310

Fax: 636-797-5077

Permit: _____

Int.

Date: _____

PROJECT INFORMATION & LOCATION:

Project Type: Residential Multi-family Commercial Reconnect **PREMISE #** _____

Structure Type: New Building Existing Building Non-Habitable Temporary Structure

Project Address _____ City _____ Zip Code _____

Parcel # _____ - _____ - _____ - _____ Subd. _____ Lot _____

OWNER INFORMATION:

Owner _____ Name _____ Phone # _____

Owner Address _____ Street Address _____ City _____ State _____ Zip Code _____

Tenant or Business Name: _____ Existing New

ITEM:	NUMBER	FEE
Service Equipment AMPS	_____	_____
Panel Board	_____	_____
<input type="checkbox"/> Transformers <input type="checkbox"/> Generator	_____	_____
<input type="checkbox"/> Electrical Outlets <input type="checkbox"/> Lights	_____	_____
<input type="checkbox"/> Dishwasher <input type="checkbox"/> Disposal <input type="checkbox"/> Compactor	_____	_____
<input type="checkbox"/> Clothes Dryer <input type="checkbox"/> Range	_____	_____
<input type="checkbox"/> Water Heater <input type="checkbox"/> Furnace (Gas)	_____	_____
<input type="checkbox"/> Water Heater <input type="checkbox"/> Furnace (Electric)	_____	_____
Air Conditioner (UP to 5 TONS)	_____	_____
Air Conditioner (OVER 5 TONS)	_____	_____
<input type="checkbox"/> Lift Station <input type="checkbox"/> Aerator	_____	_____
Replace/relocate service	_____	_____
<input type="checkbox"/> Telephone <input type="checkbox"/> Cable TV <input type="checkbox"/> Speaker	_____	_____
Alarm System (Up to 1500 Sq. Ft.)	_____	_____
Alarm System (Up to 2000 Sq. Ft.)	_____	_____
Alarm System (2001+ Sq. Ft.)	_____	_____
<u>Processing Fee</u>	_____	_____
<u>Final Inspection Fee</u>	_____	_____
<u>Total Permit Fee</u>	_____	_____

DIRECTIONS TO SITE:

NOTICE:

I understand if the information I have given above is not true, my permit may be revoked by the Jefferson County Code Enforcement, and I agree to abide by, and comply with, the conditions of all Building regulations/Code Ordinances.

CONTRACTOR/APPLICANT INFORMATION & CERTIFICATION:

Contractor/Applicant _____ Business Name Applicant Name Certification # _____ Phone # _____

Contractor/Applicant Address _____ Street Address _____ City _____ State _____ Zip Code _____

Signature _____ Owner Contractor Applicant