



# 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	_____	_____
Solar Array	_____	_____
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>	_____	_____
<b><u>Total Permit Fee</u></b>	_____	_____

**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.

**A FINAL INSPECTION MUST BE COMPLETED ON EVERY PERMIT. FAILURE TO COMPLY WILL RESULT IN THE DISCONNECT OF ALL APPLICABLE UTILITIES, STOPPAGE OF WORK AND POSSIBLE LEGAL ACTION!**

**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