

CITY OF ROMULUS
Department of Building & Safety
 12600 S. Wayne
 Romulus MI 48174
 734-942-7550
 www.romulusgov.com

ELECTRICAL PERMIT APPLICATION

All areas must be completed on the application below:

JOB LOCATION: _____	Date: _____
All permit requests must have an address to be processed	
_____	_____
Property I.D. Number	Subdivision
_____	Zoning

<input type="checkbox"/> Old Bldg	Contractor Information:		
<input type="checkbox"/> New Bldg	Contractor's Name _____		License No. _____
<input type="checkbox"/> New	Address _____	City _____	State _____ Zip Code _____
<input type="checkbox"/> Replacement	Telephone Number _____		Federal I.D. Number _____
	Worker's Compensation Carrier _____		MESC Employer Number _____

Owner of Property Information:			
Owner's Name _____		Owner's Telephone Number _____	
Owner's Address _____	City _____	State _____	Zip Code _____

Administrative Fee	\$43.00	Motors (hp) or Transformers (kva):	Sump Pump: 20.00
Circuits:		<input type="checkbox"/> 1/4 hp or kva to 10 - first unit 20.00	Signs:
<input type="checkbox"/> 120 volt (non-motorized) 5.00		<input type="checkbox"/> each additional unit 5.00	<input type="checkbox"/> Sign Circuit Tag Inspection 30.00
<input type="checkbox"/> 220 volt (electric stove, dryer etc.) 13.00		<input type="checkbox"/> 11 to 30 hp or kva – first unit 25.00	<input type="checkbox"/> Each additional sign conn. 5.00
		<input type="checkbox"/> each additional unit 13.00	<input type="checkbox"/> Neon tubing-each 50 ft. or less 13.00
Connections: each item 20.00		<input type="checkbox"/> 31 to 50 hp or kva - first unit 38.00	Inspections:
<input type="checkbox"/> Above ground swimming pool		<input type="checkbox"/> each additional unit 20.00	<input type="checkbox"/> City Cert Repair 68.00
<input type="checkbox"/> Air conditioner		<input type="checkbox"/> Over 50 hp or kva – first unit 58.00	(minor repairs only)
<input type="checkbox"/> Dishwasher		<input type="checkbox"/> each additional unit 25.00	<input type="checkbox"/> Carnival/Circus 58.00
<input type="checkbox"/> Exhaust fan		<input type="checkbox"/> Outdoor Meter Cabinet 43.00	<input type="checkbox"/> Rough (more than one) 25.00
<input type="checkbox"/> Furnace/Boiler			<input type="checkbox"/> Special Inspection 68.00
<input type="checkbox"/> Garbage disposal		Service/Sub-Panel (sub-service):	List Specific details i.e. location, etc.:
<input type="checkbox"/> Hood fan		<input type="checkbox"/> 100 amp service/sub-panel 43.00	
<input type="checkbox"/> Pool/Hot Tub		<input type="checkbox"/> 101-400 amp service/sub-panel 58.00	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Over 400 amp service/sub-panel 82.00	
Feeders/Conduit/bus:		Sub-Service to Accessory Building:	
<input type="checkbox"/> First 100 ft. 25.00		<input type="checkbox"/> 30-60 amp 58.00	
<input type="checkbox"/> Each additional 100 ft. 13.00		<input type="checkbox"/> Over 60 amp 82.00	
<input type="checkbox"/> Generator _____ Watts 58.00		Smoke Detectors:	
<input type="checkbox"/> Interruptible A/C Meter Cabinet 43.00		<input type="checkbox"/> First 5 units 24.00	
<input type="checkbox"/> Lighting Fixtures (each 25) 24.00		<input type="checkbox"/> each additional 4 units 5.00	
			Total Permit Fee \$ _____

This is not a permit. Installation may not commence until an electrical permit has been secured.
A copy of the permittee's State of Michigan Photo I.D./Driver License is required.
A copy of the licensee's State of Michigan Electrical Master and Contractor License is required (Registration Fee \$26.00).
An original application with original signatures must be submitted for processing.
Self-addressed stamped envelope must be submitted with all mail-in permits.

Section 23a of the State Construction 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.

Owner's Signature _____	Date _____	Contractor's Signature _____	Date _____
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