

Residential Contractor



City of Maple Grove

Electrical Permit Application

12800 ARBOR LAKES PKWY, PO BOX 1180, MAPLE GROVE, MN 55311

Phone 763-494-6060 Fax 763-494-6417

Job Site Address: _____ Unit #: _____

Property Owner

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Contractor

Name: _____ Contact Person: _____

Address: _____ License #: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Permit Type	Type of Work
New Residential <input type="checkbox"/> \$135.50 0-400 amp service (up to 30 circuits then \$6 for each additional circuit over 30) _____ <input type="checkbox"/> \$160.50 401-800 amp service (up to 30circuits then \$6 for each additional circuit over30) _____	<input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Remodel/Alter <input type="checkbox"/> One Inspection \$35.50 <input type="checkbox"/> Two Inspection \$70.50
<input type="checkbox"/> Furnace <input type="checkbox"/> Transformer	<input type="checkbox"/> Addition <input type="checkbox"/> Porch
<input type="checkbox"/> Temporary <input type="checkbox"/> Pool	<input type="checkbox"/> Off Peak A/C <input type="checkbox"/> Other
<input type="checkbox"/> Air Conditioner <input type="checkbox"/> Garage	<input type="checkbox"/> Basement

Specific Description of Work to be Completed

Permit becomes void if the work does not begin within 180 days or is suspended at any time for over 180 days. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The undersigned acknowledges that this application had been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Maple Grove. **Periodic and/or final inspection of this work is required by the Minnesota State Building Code. It is the responsibility of the applicant to call the Maple Grove Inspection Division at 763-494-6060 to schedule an Inspection.**

Applicant's Signature _____ **Date** _____

1 INSPECTION.....	35.00	_____
SERVICE: 0-400 amps.....	35.00	_____
401-800 amps.....	60.00	_____
Over 800 amps.....	100.00	_____
CIRCUITS: 0-200 amps.....	6.00	_____
Over 200 amps.....	15.00	_____
Service or Feeder Panel Change.....Per Circuit.....	2.00	_____
RESIDENTIAL ONE AND TWO FAMILY DWELLINGS: Base Fee.....	135.00	_____
(Includes 0-400 amp Service)		
<i>(up to 30 circuits then \$6 for each additional circuit over 30)</i>		
401 – 800 amps service add.....	25.00	_____
Number of circuits over 30.....Per Circuit.	6.00	_____
\$35 for each additional inspection over two	35.00	_____
TRANSFORMERS:		
0-10 KVA.....	15.00	_____
OVER 10 KVA.....	30.00	_____
LIGHTING RETROFIT (per-fixture):.....	0.25	_____
SINGLE SERVICE TO BUILDING:		
MULTI FAMILY (CONDOMINIUMS)		
3 OR MORE DWELLING UNITS (EACH).....	70.00	_____
ALARM, COMMUNICATION CIRCUITS (EACH DEVICE).....	0.75	_____
MINIMUM FEE.....	35.00	_____
ADD STATE SURCHARGE ON ALL PERMITS.....	5.00	_____
TOTAL.....		_____

Use this half page for credit card information only.
This will be destroyed after the permit has been processed.

Under Minnesota law the information provided on this application is considered public and is available to anyone, except for the following:

The information regarding your credit card is private and will be provided only to you and to those people who need to know it in order to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed.

To PAY BY Credit Card VISA MASTERCARD Or DISCOVER	Name as it appears on Credit Card: _____ Type of Credit Card: ___ VISA ___ MASTERCARD ___ DISCOVER Expiration Date: ___/___/_____ Account Number: _____ Billing Address: _____ _____ Zip Code: _____ Signature: _____ Date: _____
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Updated: September 2008