

**RESIDENTIAL ELECTRICAL PERMIT**

# \_\_\_\_\_

Property Owner(s) Name(s) \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**PERMIT / JOB ADDRESS**

Parcel (Property Tax ID) Number: 34- \_\_\_\_\_ - \_\_\_\_\_ - 000 - \_\_\_\_\_ - \_\_\_\_\_

House Number \_\_\_\_\_ Road / Street \_\_\_\_\_

Which side of road:  North  South  East  West

Between (closest roads) \_\_\_\_\_ & \_\_\_\_\_

**ELECTRICAL CONTRACTOR/APPLICANT**

Business/Individual Name \_\_\_\_\_

Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Federal ID No/Social Security No.\* \_\_\_\_\_

MESC Employer No. **[MANDATORY FOR CONTRACTORS WITH EMPLOYEES]** \_\_\_\_\_

Workers' Disability \_\_\_\_\_

Compensation Carrier\* \_\_\_\_\_

Contractor's (Licensee's) Name \_\_\_\_\_

**[AS APPEARS ON LICENSE]**

Contractor's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**[MANDATORY]** **Mo./Day/Year**

Master Electrician's (Licensee's) Name \_\_\_\_\_

**[AS APPEARS ON LICENSE]**

Master's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Mo./Day/Year**

\*If exempt, explain here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# RESIDENTIAL ELECTRICAL PERMIT FEE SCHEDULE

(Effective 01/1/2014 – see following page for additional pricing information)

- Single Inspection** \_\_\_\_\_ @ \$60 = \$ \_\_\_\_\_
- Service Upgrade** **\$60.00**  
(Energy Identification Number required for a Consumers Energy customer)
- Addition or Remodel** **\$138.00**
- Addition or Remodel With Service Upgrade** **\$198.00**  
(Energy Identification Number required for a Consumers Energy customer)
- New Residence** **\$198.00**

Department Approval  
By: \_\_\_\_\_

**Total Permit Cost**    \$ \_\_\_\_\_    Make check payable to: **Ionia County**

\*\* \*\* \*

**FROM THE FOLLOWING LIST, PLEASE PROVIDE THE INSPECTOR AN ITEMIZATION OF YOUR PROJECT INCLUDING AS MUCH INFORMATION AS POSSIBLE**

(if your project description is not listed below, please provide a brief description in the blank area above)

- |                                                                                          |                                                               |                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Service:</b> _____ <b>amps</b><br><small>[MANDATORY IF APPLICABLE TO PROJECT]</small> | <b>Lighting Fixtures:</b> (per 25 and fraction thereof) _____ |                                                                                                                                                                                         |
| <b>Number of circuits:</b> _____                                                         | <b>Dishwasher:</b> _____                                      | <b>Garbage Disposal:</b> _____                                                                                                                                                          |
| <b>Range Hood:</b> _____                                                                 | <b>Furnace:</b> _____                                         | <b>Power Outlets:</b> _____<br><small>(including ranges, dryers, etc.)</small>                                                                                                          |
| <b>Air Conditioners:</b> _____                                                           | <b>Feeders:</b> _____                                         | <b>Data/Telecommunications outlets:</b> _____                                                                                                                                           |
| <b>Smoke Detectors:</b> _____                                                            | <b>Mobile Home Park Sites:</b> _____                          | <b>Outdoor Free-standing Wood Burning Furnace*</b> _____<br><small>(*prohibited within the city of Ionia &amp; village of Saranac: zoning permit required from Otisco Township)</small> |

\*\* \*\* \*

*I am/will be the owner and occupant of the premises on which the described installation is proposed.*

\*\* \*\* \*

Electric Power Company: \_\_\_\_\_

NOTE: For any electrical permit which will result in Consumers Energy being asked to energize/re-energize an electrical service, the Energy Notification Number, as assigned by Consumers Energy, **MUST** be provided as the electrical inspector will no longer be able to process a service release without this number.

**Energy Notification 10-digit #** from Consumers Energy (if applicable to project):  
(Note: Tri-County Electric and the city of Portland do not issue request numbers)

**Section 23A of the State Construction Code Act of 1972, Act No. 230 of the Public Acts of 1972, being Section 125.1523a of the Michigan Compiled Laws, 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 subject to civil fines.**

**HOME OWNER'S AFFIDAVIT and SIGNATURE**

I hereby certify that the work described above shall be installed in accordance with the local code and shall not be enclosed, covered up, or put into operation until it has been inspected and approved by the inspector. I will cooperate with the inspector and assume the responsibility to arrange for necessary and timely inspections.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**AGENT/CONTRACTOR AFFIDAVIT and SIGNATURE**

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail application with check to: Ionia County Building Codes**  
**175 E. Adams Street**  
**Ionia, MI 48846**  
**616-527-5374**