

**DELAWARE COUNTY
APPLICATION FOR ELECTRICAL PERMIT**

12/16/19

Date: _____ Permit Number: _____

Project Name: _____

Project Location: _____ Lot: _____

Between: _____ and _____

City/Village: _____ Zip: _____ Township: _____

Owner: _____ Phone: () _____

Address: _____

Contractor: _____ Phone: () _____

Address: _____ Email: _____

Site Contact: _____ Phone: () _____

Email _____

How Occupied:

Single family _____ Two family _____ Three family _____ Accessory structure _____

Multi-family _____ (#. of units _____) Commercial/ Industrial _____ OBC Const. Type _____

New construction _____ Addition _____ Alteration _____ Use Group _____

Total Square Footage _____ (include basements)

Description of work: _____

Check all that apply: * *Please note recent change to application; "sub panel" information now requested*

Permanent Service (< or = 400 amp.) (>400 amp.) (> or = 600 amp.); Temporary Service

Low Voltage Devices Baseboard Heat (s) If checked, how many _____ Misc. Wiring

* Sub panel(s) how many, _____, what size (s): _____ (amps).

Certification: I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to the regulations and all applicable codes and laws of the State of Ohio and the County of Delaware, including the Department of Building Safety Virtual Inspection Program.

Signature of Owner/Agent

Print or Type Name Here

Date

COMMERCIAL ONLY:

I hereby certify that by signing this, I understand the current state licensing requirements for all commercial specialty contractors as regulated by Ohio Construction Industry Examining Board.

Licensed: _____ Yes _____ No State License # _____

Signature of Contractor _____ Date: _____

(Commercial Specialty Contractors Only)