

**DELAWARE COUNTY**  
**APPLICATION FOR ELECTRICAL PERMIT**

9/22/25

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 \_\_\_\_\_

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**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) **Construction Cost \$** \_\_\_\_\_

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Description of work: \_\_\_\_\_

Check all that apply:

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

Low Voltage ☐ Devices ☐ Misc. Wiring ☐

☐ Sub panel(s) how many, \_\_\_\_\_, what size (s): \_\_\_\_\_ (amps)

Service Provider: ☐ AEP ☐ Consolidated ☐ Ohio Edison ☐ AES ☐ Union Rural Electric

☐ Car Charger (complete the following information):

Brand \_\_\_\_\_ ☐ Direct Wire ☐ Plug in to receptacle.

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.

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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)