DELAWARE COUNTY
APPLICATION FOR ELECTRICAL PERMIT
11/12/26

Date: _____ Permit Number: _____

Project Location: _____Lot:_____

City/Village: _____ Zip: _____ Township: _____

Owner: _____Phone: ( )_____

Email:_____

Address: _____

Contractor: _____Phone: ( )_____

Address:_____

Email:_____

Site Contact: _____Phone: ( )_____

Email:_____

How Occupied:

Single family _____ Two family _____ Three family _____ Accessory structure_____

New construction _____ Addition _____ Alteration _____ Use Group _____

Total Square Footage _____(include basements) **Construction Cost $**_____

Description of work: _____

Check all that apply:
Service Replacement ☐ Service Upgrade ☐ Overhead ☐ Underground ☐

Overhead to Underground ☐ Underground to Overhead ☐

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.

Signature of Owner/Agent Print or Type Name Here Date