

POLK COUNTY PUBLIC WORKS
5885 NE 14TH STREET, DES MOINES, IA 50313
2013 ELECTRICAL PERMIT

PERMIT NO: **ELE 20** _____

JOB SITE ADDRESS: _____ TOWNSHIP: _____

OWNER: _____ PARCEL # if no address available : _____

THE UNDERSIGNED HEREBY MAKES APPLICATION TO PERFORM WORK AS DESCRIBED HEREON:

DWELLING: NEW _____ EXISTING _____ **ACCESSORY STRUCTURE:** NEW _____ EXISTING _____

OTHER/COMM : NEW _____ EXISTING _____

***REQUIRED INFORMATION**

ELECTRICAL CONTRACTOR NAME _____

***STATE CONTRACTOR LIC # & EXP DATE:** _____

COMPANY NAME: _____

***STATE MASTER A OR B LIC # & EXP DATE:** _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: (____) _____ - _____

Email: _____

(permits and certificate of compliance will be emailed when an email is provided)

_____ I affirm the work described in this application is accurate and correct to the best of my knowledge and belief and that I am licensed to perform electrical work.

_____ I affirm the work described in this application is accurate and correct to the best of my knowledge and belief and that I am the owner of this dwelling performing work on my new home.

I understand **work must commence within 180 days from the permit issuance date, and be completed and inspected within one year from the issue date,** or this permit will be null and void.

I understand all work must be inspected and approved by Polk County prior to concealing any installation and **I must call for the final inspection for the electrical permit.** I further understand that a Certificate of Compliance is required in accordance with applicable codes and ordinances.

Printed Name of Contractor

Signature of Contractor

Date

Call 286-3352 by 9 A.M. for an inspection on the same day.

Description of Work		No.	Fee Each	Total	
Meters	1 st Meter		\$ 9.00		
	2 nd Meter		\$ 6.40		
	Each Meter in Excess of Two		\$ 4.00		
Circuits	1 st – 5 th Circuits		\$ 4.40		
	6 th – 10 th Circuits		\$ 3.90		
	11 th – 100 th Circuits		\$ 2.60		
	Each Circuit in Excess of 100 Circuits		\$ 2.00		
Fixed Appliances			\$ 7.50		
<input type="checkbox"/>	Air Conditioner	<input type="checkbox"/>			Dishwasher
<input type="checkbox"/>	Dryer	<input type="checkbox"/>			Elec Sign
<input type="checkbox"/>	Furnace	<input type="checkbox"/>			Heat Pump
<input type="checkbox"/>	Range	<input type="checkbox"/>			Unit Heater
<input type="checkbox"/>	Other				
	Fixtures (Commercial Only)		\$ 1.00		
	Motors (Exclusive of Circuits)		\$ 4.50		
SubTotal					
Basic Fee				\$ 31.00	
Total					

Office use

Date: ____/____/____ Initials: _____ Cash _____ Check _____ Receipt #: _____