

CITY OF HOISINGTON ELECTRICAL PERMIT

LOCATION OF BLDING	STREET #	NAME	TYPE	DIR.
APPLICATION DATE: _____				
PERMIT #:	RECEIPT #:	LOT:	WARD/SUBD:	
ZONING:	SIDEWALK REQUIRED:	<input type="radio"/> Yes <input type="radio"/> No	HISTORIC:	<input type="radio"/> Interior <input type="radio"/> Exterior <input type="radio"/> Both
OCCUP. GROUP:	DIVISION:	CONST. TYPE:	FLOOD PLAIN:	
PROP. USE:	Type of Improvement:			

Special Outlets:

Counter Range _____	Washer _____	F.A. Furnace _____	Oven _____	Dryer _____
Air Cond. _____	Heater _____	Refrigerator _____	Range _____	Motor _____
DishWasher _____	Freezer _____	Water Pump _____	Disposal _____	
Exh. Fan _____	Sump Pump _____	Trash Comp. _____	Electric Sign _____	

Total Special Outlets: _____

Phase: _____	Permit (Incl. 75 outlets).....\$10.00	_____
Wire size: _____	Excess General Outlets: _____ @ \$.10	_____
Amps Cap.: _____	Extra Inspections.....@ \$3.00	_____
Estimated time of Completion _____	Main Entrance and box\$5.00	_____
Meter No. _____	Motor up to 15hp.....\$1.00	_____
Comments: _____	Motor over 15hp.....\$2.00	_____
	Electric Sign.....\$4.00	_____
	Total Electrical Permit Fee:	_____

**CALL FOR
INSPECTIONS
(620)-653-4125**

**IDENTIFICATION
(To be completed by all Applicants):**

Name	Phone
Owner: _____	_____
Contractor: _____	_____

I, the owner/contractor of this property, agree to conform and will require of my contractor(s) to conform to all applicable laws of this Jurisdiction

Property Owner: _____

Address: _____

<u>Fire Department</u>	<u>Code Services</u>	<u>Planning</u>
<input type="radio"/> Approved <input type="radio"/> Disapproved	<input type="radio"/> Approved <input type="radio"/> Disapproved	<input type="radio"/> Approved <input type="radio"/> Disapproved

CITY OF HOISINGTON ELECTRICAL PERMIT

LOCATION OF BLDING STREET # NAME TYPE DIR.
APPLICATION DATE: _____
PERMIT #: _____ RECEIPT #: _____ LOT: _____ WARD/SUBD: _____
ZONING: _____ SIDEWALK REQUIRED: Yes No HISTORIC: Interior Exterior Both
OCCUP. GROUP: _____ DIVISION: _____ CONST. TYPE: _____ FLOOD PLAIN: _____
PROP. USE: _____ Type of Improvement: _____

Special Outlets: