



CITY OF CORUNNA
 402 N. SHIAWASSEE ST.
 CORUNNA, MI 48817
 PHONE: (989) 743-3650 EXT. 1
 FAX: (989) 743-4417

****For inspections please call
 Bob Delany (989) 666-7031****

DATE: _____
 PERMIT #: _____
 RECEIPT #: _____

ELECTRICAL PERMIT APPLICATION

Work started without a permit is a violation of city ordinance . Failure to obtain a permit will result in double permit fees being charged as per state law.

NEW CONST _____ ADDITION _____ ALTER/REPAIR _____ SERV. ONLY _____ UPGRADE _____
 ACC. BLDG _____ PRE-MFD/MOD _____ HUD/MFD/DW _____ SW OR IN A APRK _____

DO NOT START WORK BEFORE A PERMIT IS ISSUED

Incomplete applications will be rejected

| |
|-----------------|
| Name of Owner: |
| Address of Job: |
| Parcel Number: |

CONTRACTOR/HOMEOWNER INFORMATION

| |
|--|
| Applicant: |
| Address: |
| City/State/Zip: |
| Telephone Number (with area code) |
| Homeowner: Contractor: |
| Federal Employer Identification Number: |
| Drivers License Number: |
| Workers Compensation/Disability Insurance Carrier: |
| M.E.S.C. Employer Number: |
| Builder's License Number: |
| Expiration Date: |

Description of Work: _____

| BUILDING DIMENSIONS (Measured in Sq. Feet) | |
|--|--|
| Dwelling: 1st floor _____ | 2nd floor _____ |
| Att. Garage _____ | Acc. Bldg. _____ |
| BUILDING TYPE | |
| <input type="checkbox"/> Frame | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Pole | <input type="checkbox"/> Structured Steel |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Other _____ |
| FOUNDATION | |
| <input type="checkbox"/> Block | <input type="checkbox"/> Poured Wall |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Trenched Footing |
| <input type="checkbox"/> Ratwall | <input type="checkbox"/> Other _____ |
| Please check one and include dimensions: | |
| <input type="checkbox"/> Walkout _____ x _____ | <input type="checkbox"/> Reg./Unfin. _____ x _____ |
| <input type="checkbox"/> Reg./Fin. _____ x _____ | <input type="checkbox"/> Crawlspace _____ x _____ |
| NUMBER OF ROOMS | |
| # of rooms (excluding bathrooms) _____ | |
| # of bathrooms _____ | # of bedrooms _____ |

An ordinance enacted pursuant to the Zoning Ordinance of the City of Corunna establishing fees for the issuance of permits and the conduct of inspections; repeal of inconsistent ordinances; effective date. The City of Corunna Ordains: FEES. The following shall be charged and collected by the Building Inspector at the time of the issuance of the permit.

| PERMIT FEES | COST | NO. UNITS | TOTAL |
|---|----------|-----------|---------|
| Application Fee (non-refundable) | \$50.00 | 1 | \$50.00 |
| Underground Inspection | \$70.00 | | |
| Rough Inspection | \$70.00 | | |
| Final Inspection | \$70.00 | | |
| Re-Inspection (ea.) | \$70.00 | | |
| Service Panel Inspection | \$50.00 | | |
| Service through 200 Amp. | \$40.00 | | |
| Over 200 Amp. Thru 800 Amp. | \$50.00 | | |
| Over 800 Amp. Thru 1200 Amp. | \$60.00 | | |
| Sub-Panel-Indoor | \$40.00 | | |
| Acc. Bldg. - UG | \$50.00 | | |
| Phone/Data/Media Outlets | \$20.00 | | |
| Smoke Detectors (ea.) | \$5.00 | | |
| # of Circuits (ea.) | \$5.00 | | |
| Lighting Fixtures (per 25) | \$8.00 | | |
| Furnace - Unit Heater | \$8.00 | | |
| Electrical Baseboard | \$6.00 | | |
| Power Outlets | \$8.00 | | |
| Dishwasher, Garbage Disposal, etc. (ea.) | \$8.00 | | |
| Water Softener | \$5.00 | | |
| Solar Equipment (each panel) | \$40.00 | | |
| K.V.A and H.P. RATED EQUIPMENT | | | |
| Units up to 20 K.V.A. and H.P. | \$10.00 | | |
| 6" 21 to 50 K.V.A. or H.P. | \$15.00 | | |
| Units 51 K.V.A. or H.P. and over | \$20.00 | | |
| SIGNS | | | |
| Unit | \$30.00 | | |
| FIRE ALARMS | | | |
| Up to 10 devices | \$50.00 | | |
| 11 to 20 devices | \$100.00 | | |
| Over 20 devices (ea.) | \$5.00 | | |
| PARK SITES | | | |
| Mobile Home or Recreational Vehicle | \$10.00 | | |
| Park Sites | | | |
| MISCELLANEOUS | | | |
| Energy Retrofit-Temp Control | \$50.00 | | |
| Conduit only; or ground laying | \$50.00 | | |
| Feeder-Bus Ducts, etc. - per 50' | \$10.00 | | |
| Special/Safety Inspection | \$50.00 | | |
| Additional/Safety Inspection (ea.) | \$50.00 | | |
| Contractor Registration Fee | \$25.00 | | |
| Plan Review - \$100.00 (1st hr.) (\$75.00 per hour after | \$100.00 | | |
| TOTAL FEE TO BE PAID (CALCULATED BY STAFF) \$ _____ | | | |

PLAN REVIEW REQUIRED FOR HOMES WITH OVER 400 AMP. SERVICE OR +/-OR HAVE 3,500 SQ. FT.

A plan review may be required before work is started. Only homes of under 3500 square feet are exempt from plan review. Have plans submitted for plan review?

Yes No Not Required

HOMEOWNERS AFFIDAVIT: I hereby certify that the electrical work described above shall be installed by myself in my single family dwelling in which I live or am about to occupy. All work shall be installed in accordance with the Michigan State Electrical Code and will not be covered, enclosed or put into service until it has been inspected and approved by a city inspector. I will cooperate with the city and assume all responsibility to arrange for and obtain all necessary inspections. SECTION 23a of the State Construction Codes Act of 1972, Act No. 230 of Public Acts of 1972, being Section 125.1523a of Michigan Compiled Laws, prohibit a person from conspiring to circumvent the licensing requirements of this State relating to persons who perform work on, or construction of residential buildings.

VIOLATORS OF SECTION 23a ARE SUBJECT TO CIVIL FINES.

EXPIRATION OF PERMIT: A permit remains valid up to one year as work is progressing and inspections are requested and conducted. A permit shall become invalid if the authorized work is not commenced within six months after the issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work. A permit will be cancelled when no inspections are requested and conducted within six months of the date of issuance or the date of a previous inspection. Cancelled permits cannot be reinstated.

 (Homeowners Signature)

 (DATE)

OR

 (Contractors Signature)

 (DATE)

APPROVED _____

DATE _____
