



For Internal Use Only

Permit Fee: \$ _____

Receipt # _____

ELECTRICAL PERMIT APPLICATION

Property Information

Address: _____ PID Number: _____

Legal Description (required if no address have been assigned): _____

Applicant is (check one): Owner Contractor Tenant Other _____

Property Owner/Tenant Information

Name: _____

Address: _____
Street City State Zip

Phone (W) _____ Phone (H) _____ Fax _____

Email Address: _____

Electrical Contractor Information

(Contractor must sign application only if they are pulling the permit)

Company Name: _____ Contact Person's Name _____

Address: _____
Street City State Zip

Phone (W) _____ Email _____ Fax _____

MN Registration #/Contractor #: _____ *Master License # _____

***A license number is not required if the homeowner is wiring their own home. Check if you are doing the work yourself.**

Project Description

Permit Type

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Alteration | |

Type of Use:

- | | |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Other |
| <input type="checkbox"/> Commercial | |

PLEASE CHECK ALL THAT APPLY:

- | | |
|--|--|
| <input type="checkbox"/> Addition | <input type="checkbox"/> Pool/Spa/Hot Tub |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Sprinkler |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Service Temporary |
| <input type="checkbox"/> Air Condition | <input type="checkbox"/> Sub. Panel |
| <input type="checkbox"/> Basement | <input type="checkbox"/> Transformer |
| <input type="checkbox"/> Electrical Heat | <input type="checkbox"/> Other |
| <input type="checkbox"/> Furnace | |

This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Contractor's Printed Name _____ **Company** _____

Contractor's Signature _____ **Date** _____

Homeowner/Builder Printed Name _____

Homeowner/Builder Signature _____ **Date** _____

All wiring shall be inspected before insulation or other covering is installed. Inspector shall be notified for rough-in and final inspection. Permits expire 6 months and shall be renewed thereafter.

Inspections must be called for at least 24 hours in advance (218) 454-5113.

FEES

New Dwelling Feeder/Circuits

Up to 30 Feeder/Circuits \$100.00 Total \$ _____
In addition to above, over 30 circuits up to 200 A @ \$6.00 each _____ Total \$ _____

Existing Dwelling/Remodel/Addition

Up to 15 Feeders/Circuits @6.00 Total \$ _____
16 to 30 Feeders @ \$100.00 Total \$ _____

New Multi-Family Dwellings (per unit)

\$70.00 each (up to 20 feeders/Circuits) Total \$ _____
Additional circuits above the 20 allowed @ \$6.00 each Total \$ _____

Service/Power Supply (New/Existing)

4-400 amps @ \$35.00 _____ Total \$ _____
401-800 amps @ \$60.00 _____ Total \$ _____
Above 800 amps @ \$100.00 _____ Total \$ _____

Feeders/Circuits (New/Existing)

0-200 amps @ \$6.00 _____ Total \$ _____
Above 200 amps @ \$15.00 _____ Total \$ _____
Reconnected Feeders/Circuits @ \$2.00 _____ Total \$ _____

Transformers

0-10 KVA @ \$15.00 each Total \$ _____
Over 10 KVA @ \$30.00 each Total \$ _____
Street, parking lot or outdoor lighting standards @ \$5.00 Total \$ _____

Electric Signs and Outline Lighting

Transformers/Power Supplies @ \$5.00 each _____ Total \$ _____
Special Inspection @ \$80.00 per hour Total \$ _____
Re-inspection Fee @ \$35.00 per trip _____ Total \$ _____
Per trip inspections @ \$35.00 per trip _____ Total \$ _____

Minimum Fee \$35.00 Total \$ _____
Add state surcharge on ALL permits Total \$ 1.00 _____

PERMIT TOTAL \$ _____

MISC. ELECTRICAL FEE SCHEDULE

Technology Systems Devices @ .75 cents each _____ Total \$ _____

Manufactured Home Park Lot Supply @ \$35.00 _____ Total \$ _____

Luminaire Retrofit Modifications @ .25 cents each _____ Total \$ _____

Separate Bonding Inspections for Swimming Pools
& Equipotential Planes @ \$35.00 each _____ Total \$ _____

Center Pivot Irrigation Booms @ \$35.00 each _____ Total \$ _____

Electrical Drive Units @ \$5.00 each _____ Total \$ _____

Recreational Vehicle Site Supply Equipment
Circuits Originating in the Equipment @ \$6.00 each _____ Total \$ _____

Investigative Fee:
\$70.00 OR the total Inspection Fee whichever is greater up to \$1,000.00 Total \$ _____

TOTAL MISC. FEES \$ _____