

ELECTRICAL PERMIT APPLICATION

Please make your check payable to
and send it to the appropriate jurisdiction

Area Metropolitan Services Agency

Please mark box for appropriate jurisdiction

<input type="checkbox"/> Bedford Township 115 S. Uldricks Drive Battle Creek, MI 49017 Ph: 269.965.9096 Fax: 269.965.0908	<input type="checkbox"/> Convis Township 19500 15 Mile Rd Marshall, MI 49068 Ph: 269.789-0654 Fax: 269.789.0657	<input type="checkbox"/> Emmett Township 621 Cliff Street Battle Creek, MI 49014 Ph: 269-968.03351 Fax: 269.968.0108	<input type="checkbox"/> Leroy Township 8156 4 Mile Road East Leroy, MI 49051 Ph: 269.979-9421 Fax: 269.979.2775	<input type="checkbox"/> Newton Township 7988 G Drive South Ceresco, MI 49033 Ph: 269-979-3212 Fax: 269.979.4470	<input type="checkbox"/> Pennfield Township 20260 Capital Ave NE Battle Creek, MI 49017 Ph: 269-968-4422 Fax: 269.968.2021	<input type="checkbox"/> City of Battle Creek 10 N. Division St, Ste 111 Battle Creek, MI 49014 Ph: 269-966.3654 Fax: 269.966.3654	<input type="checkbox"/> City of Springfield 601 Avenue A Springfield, MI 49015 Ph: 269-441-9273 Fax: 269.965.0114
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Administrative Section:

Cash

Check # _____ Receipt # _____ Inspector Approval _____ Issued Permit # _____

I. JOB LOCATION

NAME OF OWNER / AGENT	HAS A BUILDING PERMIT BEEN OBTAINED FOR THIS PROJECT?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
STREET ADDRESS & JOB LOCATION (STREET NO. & NAME)	NEAREST CROSS STREET		
E.R. NUMBER	JOB SITE TELEPHONE	CELL NUMBER	FAX

II. CONTRACTOR / HOMEOWNER INFORMATION

SELECT ONE: CONTRACTOR HOME OWNER

NAME	ADDRESS	CITY/STATE	ZIP
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
CONTRACTORS LICENSE NUMBER	EXPIRATION DATE	DOB	DRIVER'S LICENSE # or STATE ID #
FEDERAL EMPLOYER ID NUMBER OR REASON FOR EXEMPTION			
WORKERS COMP INSURANCE CARRIER OR REASON FOR EXEMPTION			
MESC EMPLOYER NUMBER OR REASON FOR EXEMPTION			

III. PLAN REVIEW REQUIRED

PLANS ARE REQUIRED FOR ALL BUILDING TYPES AND SHALL BE PREPARED BY OR UNDER THE DIRECT SUPERVISION OF AN ARCHITECT OR ENGINEER LICENSED PURSUANT TO ACT NO. 299 OF THE PUBLIC ACTS OF 1980, AS AMENDED, AND SHALL BEAR THAT ARCHITECT'S OR ENGINEER'S SIGNATURE AND SEAL, EXCEPT:

1. WHEN THE ELECTRICAL SYSTEM RATING DOES NOT EXCEED 400 AMPS AND THE BUILDING IS NOT OVER 3,500 SQUARE FEET IN AREA.
2. WORK COMPLETED BY A GOVERNMENTAL SUBDIVISION OR STATE AGENCY COSTING LESS THAN \$15,000.

WHAT IS THE RATING OF THE SERVICE IN AMPERE? _____

WHAT IS THE SIZE OF THE BUILDING IN SQUARE FEET? _____

PLANS MUST BE SUBMITTED BEFORE A PERMIT CAN BE ISSUED.

HAVE PLANS BEEN SUBMITTED? YES NO NOT REQUIRED

IV. TYPE OF JOB

- SINGLE FAMILY RESIDENTIAL
- MULTI FAMILY RESIDENTIAL
- ALTERATION/REMODEL
- NEW CONSTRUCTION
- SERVICE ONLY
- SPECIAL INSPECTION PRE-
- MANUFACTURED HOME (STATE APPROVED)
- MANUFACTURED HOME (HUD MOBILE HOME)
- SCHOOL
- OTHER

V. APPLICANT SIGNATURE

SECTION 23A OF THE STATE CONSTRUCTION CODE ACT OF 1972, 1972 PA 230, MCL 125.1523A, PROHIBITS A PERSON FROM CONSPIRING TO CIRCUMVENT THE LICENSING REQUIREMENTS OF THIS STATE RELATING TO PERSONS WHO ARE TO PERFORM WORK ON A RESIDENTIAL BUILDING OR A RESIDENTIAL STRUCTURE. VIOLATORS OF SECTION 23A ARE SUBJECT TO CIVIL FINES.

SIGNATURE	DATE
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VI. HOMEOWNER AFFIDAVIT

I HEREBY CERTIFY THE ELECTRICAL WORK DESCRIBED ON THIS PERMIT APPLICATION SHALL BE INSTALLED **BY MYSELF IN A HOME** THAT I OCCUPY OR PLAN TO OCCUPY. ALL WORK SHALL BE INSTALLED IN ACCORDANCE WITH THE ELECTRICAL CODE AND **SHALL NOT BE ENCLOSED, COVERED UP,** OR PUT INTO OPERATION UNTIL IT HAS BEEN **INSPECTED AND APPROVED** BY THE ELECTRICAL INSPECTOR. I WILL COOPERATE WITH THE ELECTRICAL INSPECTOR AND ASSUME THE RESPONSIBILITY TO ARRANGE FOR NECESSARY INSPECTIONS.

SIGNATURE	DATE
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COMPLETE APPLICATION ON BACK SIDE

