

BUILDING INSPECTIONS DEPARTMENT

City of Raymond

101 1st St., PO Box 156
Raymond, IA 50667
319-232-6153
319-233-0958 FAX

ELECTRICAL PERMIT APPLICATION

PLEASE CALL BUILDING
INSPECTOR (319-493-0428) BEFORE
STARTING ANY WORK.

Office Use Only
PERMIT No. _____

Date _____
Site Address _____ Suite/Unit No. _____
Tenant/Building Name _____ Condominium No. _____
The applicant is Owner Contractor Architect/Engineer

PROPERTY OWNER
Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____

CONTRACTOR
Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ License No. _____

CLASS OF WORK
Check one only New Remodel Dwelling Commercial

TYPE OF WORK
List Quantities Of Each

_____ Temp Pole	_____ Fixtures
_____ Light Outlets	_____ Water Heater
_____ Switch Outlets	_____ Automatic Heating Plant
_____ Receptacle Outlets	_____ Dishwasher
	_____ Range
Lighting Service Size _____ Ampere	_____ Air Conditioner
Conductor Size _____ Fuse Holder Size _____	_____ Vent Fan
	_____ Sign
Power Service Size _____ Ampere	_____ Motor – Horsepower
Conductor Size _____ Fuse Holder Size _____	_____ Electric Heat
	_____ Disposal Unit
	_____ Miscellaneous _____

General Work: \$ _____

Plumbing: \$ _____

Heating: \$ _____

Electrical: \$ _____

Miscellaneous: \$ _____

Total Valuation: \$ _____ (not including land)

Estimated Completion Date: _____

Description of work to be done: _____

**ADDITIONAL PERMITS BUILDING, PLUMBING,
AND MECHANICAL ARE ALSO REQUIRED.**

I hereby apply for a electrical permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Raymond; that I understand this is not a permit but only an application for a permit and work is not to start without a permit application on file; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans.

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE

No.	Construction Types	Occupancy Groups	Building Areas
1			
2			
3			

Conditions of Issuance: _____

Approvals Required to Issue a Certificate of Occupancy

Electrical

Plumbing

Building

HVAC

Fire

Valuation \$ _____

Permit Fee \$ _____

Certificate of Occupancy Yes No

Plan Check Fee? Yes No

Handicap Fee? Yes No

Others Fees Yes No

Please Specify: _____ Amount? _____

Permit Approved by: _____

Date _____