

APPLICATION FOR ELECTRICAL PERMIT
SAGINAW CHIPPEWA INDIAN TRIBE
OFFICE of TRIBAL CODE ENFORCEMENT
 7500 Soaring Eagle Boulevard
 Mt. Pleasant, MI 48858
 Phone: (989) 775-4014

OFFICE USE ONLY	
Permit No.:	_____
Date:	_____

TYPE OF JOB:

- NEW COMMERCIAL
 REMODEL RESIDENTIAL

Description of work: _____

This application shall become incorporated as part of the permit issued and only authorizes the items of work as herein applied for.

Please fill out application completely, incomplete applications may be returned.

	COST	NO.	FEE
BASE FEE (INSPECTION NOT INCLUDED)	\$22	1	22
Service: Per meter thru 200 amp.	\$8		
Temporary: Over 200 AMP, thru 600 amp	\$12		
Permanent: Over 600 AMP	\$15		
Circuits	\$3		
Lighting fixtures per 25 & fraction thereof	\$5		
Dishwasher	\$3		
Garbage Disposal	\$3		
Range Hood	\$3		
Furnace – Unit heater	\$4		
Electrical Heating Units (baseboard)	\$3		
Power Outlets (including ranges, dryers, etc.)	\$5		
Mobile or Modular Homes	\$30		
Signs – per circuit	\$5		
Feeders – Bus Ducts, etc. – per 50' & fraction	\$5		
Fire Alarm System	\$50		
K.V.A. & H.P. rated equipment up to 20 K.V.A. or HP	\$5	51%	
Over 20 K.V.A. or H.P.	\$8		
* Additional Inspections	\$22		
Final Inspection	\$22	1	22
Hourly inspection rate for items not specified	\$25		
Special Inspection (Property sale, insurance, etc.) (follow-up inspection \$15)	\$38		
TOTAL	\$		

APPLICATION FOR:

Homeowner _____

Job Site Address _____

City/State/Zip _____

Telephone # _____

Mailing Address _____

City/State/Zip _____

APPLICATION BY:

Contractor _____

Business Address _____

City/State/Zip _____

State License # _____

Expiration Date _____

Worker Disability/Comp Ins. Co. _____

Employer ID # _____

MESC Employer # _____

Telephone # _____

Cell # _____

Signature _____

(Contractor, Homeowner**)

****NOTE:** Homeowner by signing above you swear that you are personally doing the work as stated on this application. You agree that you will do the work in accordance with any and all applicable codes, laws and ordinances and will obtain approval from the Building Inspection Department for your completed work.

WORK MUST BE INSPECTED BEFORE COVERED

***Please indicate number of additional inspections anticipated for this project along with the appropriate fee amounts.**

APPENDIX C