



THE CITY OF MAYFIELD HEIGHTS ~ BUILDING DEPT.

6154 Mayfield Road - Mayfield Heights, OHIO 44124-3296

Phone: 440-442-2107 Fax: 440-442-7662

REQUEST FOR ELECTRIC PERMIT

JOB LOCATION (address = no. & street)

Property Owner: (first and last name)

Owner's Address (if different from job location): (no. & street)

City, State, Zip

Phone:

Are you correcting violations listed on an inspection report? YES NO If yes, ____ Point of Sale Inspection? ____ Rental Inspection?

RESIDENTIAL

SERVICE UPGRADE, PANEL BOX AND OTHER EQUIPMENT

FEE: \$20.20 (including 1% state surcharge)

Describe briefly, the nature of the job:

ADDITIONS & ALTERATIONS

FEE: \$25.00 + \$5.00 PER 100 SQ. FT. OR FRACTION (plus 1% state surcharge)

Describe briefly, the nature of the job:

SQ. FT: $\div 100 =$ (round up) X 5 + 25.00 = X 1% (state surcharge) =

NEW STRUCTURE

FEE: \$100.00 + \$5.00 PER 100 SQ. FT. OR FRACTION (plus 1% state surcharge)

SQ. FT: $\div 100 =$ (round up) X 5 + 100.00 = X 1% (state surcharge) =

Additional Information:

COMMERCIAL

NEW, ADDITION & ALTERATIONS

FEE: \$200.00 + \$5.00 PER 100 SQ. FT. OR FRACTION (plus 3% state surcharge)

SQ. FT: $\div 100 =$ (round up) X 5 + 200.00 = X 3% (state surcharge) =

Describe briefly, the nature of the job:

REPLACEMENT EQUIPMENT

FEE: \$103.00 (including 3% state surcharge)

Describe briefly, the nature of the job:

CONTRACTOR:

(company name)

APPLICANT:

(print your name)

ADDRESS:

CITY, STATE, ZIP

PHONE:

SIGNATURE OF APPLICANT:

DATE ISSUED:

PERMIT NUMBER: