



# Minneapolis One Stop

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### For Office Use Only

T#	
\$	
PERMIT#	

## ELECTRICAL / ELECTRIC HEAT APPLICATION

TISH \_\_\_\_\_

MAC \_\_\_\_\_

### JOB ADDRESS

BLDG NAME (IF KNOWN):	BLDG #:	STREET NAME:	STREET DIR:
OWNER / OCCUPANT NAME:		OWNER / OCCUPANT PHONE:	
TYPE OF WORK TO BE DONE: <input type="checkbox"/> CONST <input type="checkbox"/> INSTALL <input type="checkbox"/> REPLACE <input type="checkbox"/> ALTER <input type="checkbox"/> REPAIR		VALUE OF WORK \$	

TYPE OF WORK	# OF UNITS	UNIT FEES	TOTAL
<b>Service</b> (New service requires compliance with Minneapolis Ordinance 244.420)	0 – 400 Amps	\$59.50	\$
	401 - 800 Amps	\$65.00	\$
	More than 800 Amps	\$81.00	\$
<b>Feeders or Circuits</b>		\$11.00	\$
<b>Transformers, Generators, Capacitors or Electric Heat</b>		\$0.75 Per KVA, KVAR, KW	\$
<b>Signs</b>		\$36.75	\$
<b>Low Voltage Systems</b> (less than 50 V)		\$44.25	\$
<b>Low Voltage Openings</b>		\$1.50 Per opening	\$
<b>Transitory Projects   Events   Special Inspections</b>		\$57.25 Per hour / \$114.50 min.)	\$
<b>Permit Fee + \$0.50 MN State Surcharge = Total Fee:</b>			\$

ADDITIONAL INFORMATION (LOCATION AND NATURE OF WORK TO BE DONE):

FOR ELECTRICAL HEATING, PLEASE INDICATE TYPE OF FIXTURE:    BASEBOARD    WALL    RADIANT    OTHER

TYPE	NUMBER	MAKE	MODEL	RATED CAPACITY
Total Heat Loss:		Total Connected Heating Capacity:		

ADDITIONAL INFORMATION:

I hereby certify that all information provided in this application form and any other information provided by me in support of this application is true and accurate to the best of my knowledge. I certify that I will comply with all applicable State and local laws and regulations in performing the work for which this permit is issued, and that I possess all contractor and personal licenses and certificates of competency, if any, that are required for lawful performance of the work described in this permit. I understand that the issuance of this permit does not imply or authorize the granting of any such license or certificate of competency, nor the issuance of any business or professional license.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**HOMEOWNER APPLICANTS ONLY** I hereby certify that I own and am now living at the dwelling for which the permit is being issued, and that the work is being performed by me or a member of my immediate family. I understand that, for the purposes of this application, my immediate family is limited to my parent, child or child's spouse.

INITIAL HERE: \_\_\_\_\_ ESTIMATED VALUE OF MATERIALS: \$ \_\_\_\_\_

COMPANY NAME:		CONTRACTOR LICENSE #:	
COMPANY ADDRESS:		CONTACT PERSON:	
CITY:	STATE:	ZIP:	CONTACT PHONE:

### MAKE CHECKS PAYABLE TO: MINNEAPOLIS FINANCE DEPARTMENT, OR CHARGE TO

MASTER CARD    VISA    AMEX   ACCOUNT # \_\_\_\_\_   EXP DATE: Mo \_\_\_\_\_ YR \_\_\_\_\_