



APPLICATION FOR ELECTRICAL PERMIT

City of Glendale, Building & Safety

633 E. Broadway, Room 101 (Corner of Broadway and Glendale)
Glendale, CA 91206 (818) 548-3200 and (818) 548-3215 (Fax)

Please type or print in ink

Plan Check No. BEP _____

Plan Check Exp. Dt. _____

Permit No. BE _____

Job Address (Include Zip Code)				Work Description (Fill in all that apply and specify quantity)			
Permit Information				_____ \$30 Issuance Fee			
Is this work related to a building permit? <input type="checkbox"/> No <input type="checkbox"/> Yes		Has work started? <input type="checkbox"/> No <input type="checkbox"/> Yes		_____ \$20 Supplemental Permit To: _____			
<input type="checkbox"/> No <input type="checkbox"/> Yes		(Double the permit fee will be charged for legalization)		_____ \$35 Minimum Inspection Fee (If fees below add up to less than \$35)			
Describe where the work will be done & fill out the work description on the right-hand side of this application.				_____ \$35 Plan Check (50% of Permit Fee, Minimum of \$65)			
Property Owner's Name			Phone	Residential			
Address (Include City & Zip)				_____ \$15 Up to 100-Amp Service (*)			
Engineer's Name			Phone	_____ \$20 101 to 200-Amp Service (*)			
Address (Include City & Zip):				_____ \$40 201 to 400-Amp Service (*)			
State License Number		Exp.		_____ \$60 Over 400-Amp Service (*)			
Contractor's Name			Phone	_____ \$85 Kitchen, New or Remodeled			
Address (Include City & Zip):				_____ \$30 Bathroom, New or Remodeled			
State License No.		Exp.		_____ \$30 Laundry Room, Single Family			
City License No.		Exp.		_____ \$60 Laundry Room, Multi Family			
Applicant's Name			Phone	_____ \$.10 Other Areas, Per Square Foot of Floor Area _____ Sq. Ft.			
Address (Include City & Zip)				_____ \$30 Landscape Lighting			
Owner-Builder Declaration				_____ \$300 Alternative Per Unit Charge, Multi-Family			
I hereby affirm that I am exempt from the Contractor's Law (7044, B&PC) for the following reason: I am the bonafide owner of the building described in the foregoing application: Said building is a single family dwelling used exclusively for living purposes except for the usual accessory buildings in conjunction with such dwelling: Said living quarters are occupied or will be occupied by the undersigned. I will personally purchase all materials and will perform all labor in connection with the foregoing permit.				_____ \$50 Private Swimming Pool			
Signature _____		Date _____		Other (Residential / Commercial)			
Workers' Compensation Declaration				_____ \$1.25 Outlets, Each, 1-10			
I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance.				_____ \$.50 Outlets, Each, Over 10			
Policy No. _____		Company _____		_____ \$10 Branch Circuits, Each, 1-10 (*)			
Signature _____ Date _____				_____ \$9 Branch Circuits, Each, 11-40 (*)			
Workers' Compensation Exemption Declaration				_____ \$8 Branch Circuits, Each, Over 40 (*)			
I hereby affirm that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.				_____ \$20 Miscellaneous Other Equipment, Minimum Charge			
Signature _____		Date _____		_____ \$70 Annual Maintenance			
Final Declaration				_____ \$45 Temporary Service, Under 600 Volts			
I certify that I have read this application and state that the information supplied in this application is correct. I agree to comply with all city ordinances and state laws relating to building construction, and hereby authorize representatives of this City to enter upon the above-mentioned property for inspection purposes.				Commercial			
Signature _____		Date _____		_____ \$10 200-Amp Service or Less (*)			
_____ \$20 201 to 600-Amp Service (*)				Signs			
_____ \$35 601 to 1200-Amp Service (*)				_____ \$20 One Branch Circuit			
_____ \$55 Over 1200-Amp Service (*)				_____ \$10 Additional Branch Circuits, Each			
_____ \$85 Over 600-Volt Service (*)				Other			
Sigs				_____ \$3 Under Floor Duct/Cellular Floor, Per 100 Square Feet			
_____ \$20 201 to 600-Amp Service (*)				_____ \$1 Distribution Panel in Equipment Per Over Current Device Space			
_____ \$35 601 to 1200-Amp Service (*)				Switchboards			
_____ \$55 Over 1200-Amp Service (*)				_____ \$45 600 Volts or Less, First Switchboard Section			
_____ \$85 Over 600-Volt Service (*)				_____ \$30 600 Volts or Less, Additional Switchboard Section			
Other				Motors, Transformers, Heating Appliance, Welder, X-Ray Machine, Storage Battery System, Infrared Appliance, Etc.			
_____ \$20 201 to 600-Amp Service (*)				_____ \$8 Up to and Including 1Hp (*)			
_____ \$35 601 to 1200-Amp Service (*)				_____ \$10 1+ to 5 Hp (*)			
_____ \$55 Over 1200-Amp Service (*)				_____ \$15 5+ to 20 Hp (*)			
_____ \$85 Over 600-Volt Service (*)				_____ \$25 20+ to 50 Hp (*)			
Signs				_____ \$50 50+ to 100 Hp (*)			
_____ \$20 One Branch Circuit				_____ \$75 Over 100 Hp (*)			
_____ \$10 Additional Branch Circuits, Each				} Hp = K.W. & K.V.A.			
Other				Note: Any item having this mark (*) may require plan check for multi-family (3 or more units) & commercial buildings. (Installation of multiple services equal to 200 amps or greater; 10 branch circuits and above; 5 HP motors and above; multiple installations of less than 5 HP motors; and all 200-amp service or service equipment. Also, provide Title 24 LTG-1 & LTG-2 if more than 50% of lighting is changed)			
_____ \$3 Under Floor Duct/Cellular Floor, Per 100 Square Feet				FOR OFFICE USE ONLY			
_____ \$1 Distribution Panel in Equipment Per Over Current Device Space				P.S. Electric _____ Date _____ Receipt No. _____			
Switchboards				Accepted By _____ Date _____			
_____ \$45 600 Volts or Less, First Switchboard Section				Approved By _____ Date _____ Receipt No. _____			
_____ \$30 600 Volts or Less, Additional Switchboard Section				Issued By _____ Date _____			
Motors, Transformers, Heating Appliance, Welder, X-Ray Machine, Storage Battery System, Infrared Appliance, Etc.				Revision			
_____ \$8 Up to and Including 1Hp (*)				P.S. Electric _____ Date _____ Receipt No. _____			
_____ \$10 1+ to 5 Hp (*)				Accepted By _____ Date _____			
_____ \$15 5+ to 20 Hp (*)				Approved By _____ Date _____ Receipt No. _____			
_____ \$25 20+ to 50 Hp (*)				Issued By _____ Date _____			
_____ \$50 50+ to 100 Hp (*)				_____ \$75 Over 100 Hp (*)			
_____ \$75 Over 100 Hp (*)				} Hp = K.W. & K.V.A.			

