



Electrical Permit Application
 Jefferson County Code Enforcement
 PO BOX 100 / 725 Maple Street
 Hillsboro, MO 63050
 Phone: 636-797-5310
 Fax: 636-797-5077

Permit: _____ **Int.**
Date: _____

PROJECT INFORMATION & LOCATION:

Project Type: Residential Commercial **NEW SERVICE** **RECONNECT** **PREMISE #** _____
 Structure Type: New Building Existing Building Non-Habitable Temporary Structure
 Project Address _____ City _____ Zip Code _____
 Parcel # _____ Subd. _____ Lot _____

OWNER INFORMATION:

Owner _____ Name _____ Phone # _____
 Owner Address _____ Street Address _____ City _____ State _____ Zip Code _____
 Tenant or Business Name: _____ Existing New

ITEM:	NUMBER	FEE
Service Equipment AMPS	_____	_____
Panel Board	_____	_____
Transformers /Generator	_____	_____
Electrical Outlets Lights	_____	_____
Dishwasher Disposal Compactor	_____	_____
Clothes Dryer Range	_____	_____
<u>Processing Fee</u>		_____
<u>Final Inspection Fee</u>		_____
<u>Total Permit Fee</u>		_____

NOTICE:
 I understand if the information I have given above is not true, my permit may be revoked by the Jefferson County Code Enforcement, and I agree to abide by, and comply with, the conditions of all Building regulations/Code Ordinances.

A FINAL INSPECTION MUST BE COMPLETED ON EVERY PERMIT. FAILURE TO COMPLY WILL RESULT IN THE DISCONNECT OF ALL APPLICABLE UTILITIES, STOPPAGE OF WORK AND POSSIBLE LEGAL ACTION!

CONTRACTOR/APPLICANT INFORMATION & CERTIFICATION:

Contractor/Applicant _____ Business Name Applicant Name Certification # _____ Phone # _____
 Contractor/Applicant Address _____ Street Address _____ City _____ State _____ Zip Code _____
 Email address _____

Contractor Signature is required.

To expedite this application please include a completed Contractor Signature Form with this application.