



Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

# Electrical Permit Application

Terry Krominga, Electrical Inspector | Call (507) 665-3205 between 7-8:30 a.m. Mon-Thurs (ONLY)

**SITE ADDRESS:** \_\_\_\_\_

**Applicant Information**      Owner \_\_\_\_\_      Contractor \_\_\_\_\_

## ELECTRICAL CONTRACTOR (if none, leave blank)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor/Licensed Electrician Registration License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Contact Person (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

## PROPERTY OWNER

Name/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

## Permit Sub Type

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Commercial          | <input type="checkbox"/> GFCI outlets               | <input type="checkbox"/> Saver Switch   |
| <input type="checkbox"/> Communication Tower | <input type="checkbox"/> Multifamily                | <input type="checkbox"/> Schools        |
| <input type="checkbox"/> Fireplace           | <input type="checkbox"/> Public Buildings           | <input type="checkbox"/> Sub Panel      |
| <input type="checkbox"/> Furnace or A/C      | <input type="checkbox"/> Residential (1 & 2 Family) | <input type="checkbox"/> Swimming Pools |
| <input type="checkbox"/> Garage/Shed         | <input type="checkbox"/> Basement                   | <input type="checkbox"/> Townhomes      |

## Electrical Inspection

Is the job ready for:    Rough-In:  Yes  No      Final Inspection:  Yes  Will Call

## Description of Project

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> New Single Family | <input type="checkbox"/> New Multifamily    | <input type="checkbox"/> Residential Remodel |
| <input type="checkbox"/> New Commercial    | <input type="checkbox"/> Commercial Remodel | <input type="checkbox"/> Other: _____        |

## Notes to Applicant

- Electrical permits expire after 365 days. Final inspection must be called with 12 months of issuance or permit will expire.
- Permit will be issued upon receipt of the **COMPLETE** application **AND** required information, including fee.
- **PLEASE ARRANGE FOR INSPECTIONS 24 HRS IN ADVANCE**

The undersigned hereby represents upon all of the penalties of the law, for the purpose of including the City of Shakopee to take the action herein requested, that all statements are true, and that all work herein will be done in accordance with the ordinances of the City of Shakopee, the State of Minnesota, and the National Electric Code.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Electrical Fee Worksheet

ITEM DESCRIPTION	QUANTITY	FEE	PER	TOTAL
AMPS 0-399		\$35	Source	
AMPS 400-800		\$60	Source	
AMPS 801-over		\$100	Source	
Circuit/Feeders 0-200 AMPS		\$6	Feeder or Circuit	
Circuit/Feeders 201-over AMPS		\$15	Feeder or Circuit	
New Residential (up to 30 circuits and deeds per unit)		\$100	Dwelling Unit	
New Residential (additional circuits over 30 per unit)		\$6	Feeder or Circuit	
Existing Residential (where 15 or more feeders or circuits are installed or extended per unit)		\$100	Dwelling Unit	
Existing Residential (where less than 15 feeds or circuits are installed or extended per unit)		\$6	Feeder or Circuit	
Reconnected Existing Circuit or Feeder (for panel board replacements)		\$2	Feeder or Circuit	
Separate Bonding Fee		\$35	Inspection	
Inspection of concrete-encased grounding electrode		\$35	Inspection	
Technology Circuits and circuits less than 50 volts		\$0.75	Device or Apparatus	
Additional inspection trips		\$35	Inspection Trip	
Transformers 0-10 KVA		\$15		
Transformers above 10 KVA		\$30		
Basements/Garages/Additions (up to two inspection trips)*		\$70		
Minnesota State Surcharge		\$1		\$1
Other				
Other				
<b>TOTAL WITH STATE SURCHARGE:</b>				

\*Note: Basement Finishes/Garage/Additions generally require two trips.

**TOTAL INSPECTION FEE** is a minimum of **\$36** (including state surcharge) **OR** above total, which is greater.