



City of Belle Plaine
 218 Meridian Street North
 PO Box 129
 Belle Plaine, MN 56011

Electrical Inspection
 Electrical Inspector, Terry Krominga
Phone: 507-665-3205
 Call Monday – Friday Between
 7:00 a.m.- 8:30 a.m.

<h2 style="margin: 0;">HOMEOWNER ELECTRICAL PERMIT APPLICATION</h2>	Electrical Permit: _____
---	--------------------------

SITE ADDRESS:	P.I.N.:
---------------	---------

OWNER NAME: <small>(and Address if different than Site Address)</small>	Phone: Email:
--	------------------

WORK DESCRIPTION:	VALUATION <i>(Labor & Materials)</i> : \$ _____
<hr/> <hr/>	

INDICATE ALL THAT APPLY *(fees according to the MN State Fee Schedule)*

PRIMARY STRUCTURE	DETACHED ACCESSORY STRUCTURE	Description	Qty	Amount per	Total
<input type="checkbox"/>	<input type="checkbox"/>	New Service/ Power Supply 0-400 Amps		\$35.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	New Service/ Power Supply 401-800 Amps		\$60.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	New Home Feeders/ Circuits <i>(up to 30)</i>		\$100.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	New Home Feeders/ Circuits <i>(over 30)</i>		\$6.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	New/ Extended Feeders/ Circuits		\$6.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	Reconnected Feeders/ Circuits		\$2.00	\$
<input type="checkbox"/>	<input type="checkbox"/>	Other		\$	\$
<input type="checkbox"/>	<input type="checkbox"/>	Number of Inspection Trips		\$35.00	\$

* The fee calculated above OR \$35.00 multiplied by number of inspection trips, whichever is greater.	*TOTAL \$
	STATE SURCHARGE \$1.00
	TOTAL PERMIT FEE \$

Signature of this application by the legal property owner or a licensed contractor, as the owner's representative is required and authorizes the City of Belle Plaine Zoning Administrator or designee and the City of Belle Plaine Building Official or designee to enter upon the property to perform needed inspections. Entry may be without prior notice. Permit expires when building and work is not commenced within **180 days** from the date of Permit issued, or if building and work suspended, abandoned or not inspected for 180 days.
 I hereby acknowledge that I have read this application and state that all information is true and correct to the best of my knowledge. I further agree that all work performed will be in accordance with approved plans, specifications and conditions, and to abide by all of the ordinances of the City and the Laws of the State of Minnesota regarding actions taken pursuant to this permit. I agree to pay all plan review fees even if I choose not to proceed with the work.

SIGNATURE OF APPLICANT: _____	DATE: _____
-------------------------------	-------------

OFFICE USE ONLY

<p><i>I hereby certify that I inspected the electrical installation herein on the dates stated:</i></p> <table style="width:100%;"> <tr> <td style="width:60%;">ROUGH-IN Inspection(s)</td> <td style="width:40%;">Date</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>FINAL Inspection</td> <td>Date</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	ROUGH-IN Inspection(s)	Date	_____	_____	FINAL Inspection	Date	_____	_____	<table style="width:100%;"> <tr> <td style="width:50%;">Date Received:</td> <td>_____</td> </tr> <tr> <td>Form of Payment:</td> <td>_____</td> </tr> <tr> <td>Transaction Number:</td> <td>_____</td> </tr> <tr> <td>Date Issued:</td> <td>_____</td> </tr> <tr> <td>Issued By:</td> <td>_____</td> </tr> <tr> <td>Comments:</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> </tr> </table>	Date Received:	_____	Form of Payment:	_____	Transaction Number:	_____	Date Issued:	_____	Issued By:	_____	Comments:	_____		_____		_____
ROUGH-IN Inspection(s)	Date																								
_____	_____																								
FINAL Inspection	Date																								
_____	_____																								
Date Received:	_____																								
Form of Payment:	_____																								
Transaction Number:	_____																								
Date Issued:	_____																								
Issued By:	_____																								
Comments:	_____																								

