



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

ELECTRICAL Inspections:  
 Justin Doebbeling  
 612-643-1838 | Mon. - Thurs. | 7:00 - 8:30 a.m.  
 Schedule online: jdinspectionsmn.com

<b>HOMEOWNER ELECTRICAL PERMIT APPLICATION</b>	Permit #:
<b>SITE ADDRESS:</b>	<b>P.I.N.:</b>
<b>OWNER NAME:</b> <small>(and Address if different than Site Address)</small>	<b>Phone:</b> <b>Email:</b>

<b>WORK DESCRIPTION:</b>	<b>VALUATION (Labor &amp; Materials):</b> \$
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**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"/>	<b>Number of Inspection Trips</b>		<b>\$35.00</b>	<b>\$</b>

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

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. If entry is refused, the Building Official shall have recourse to the remedies by law to secure entry. Permit may be suspended or expired 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 agree to pay all plan review fees, even if I choose not to proceed with the work. Refunds shall be per the City of Belle Plaine Fee Schedule. A request in writing shall be submitted within 180 days of fee payment by the original applicant. **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.**

<b>SIGNATURE OF APPLICANT:</b>	<b>DATE:</b>
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**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%;"><b>ROUGH-IN Inspection(s)</b></td> <td style="width:40%;"><b>Date</b></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td><b>FINAL Inspection</b></td> <td><b>Date</b></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	<b>ROUGH-IN Inspection(s)</b>	<b>Date</b>	_____	_____	<b>FINAL Inspection</b>	<b>Date</b>	_____	_____	<table style="width:100%;"> <tr> <td style="width:50%;"><b>Date Received:</b></td> <td>_____</td> </tr> <tr> <td><b>Form of Payment:</b></td> <td>_____</td> </tr> <tr> <td><b>Transaction Number:</b></td> <td>_____</td> </tr> <tr> <td><b>Date Issued:</b></td> <td>_____</td> </tr> <tr> <td><b>Issued By:</b></td> <td>_____</td> </tr> <tr> <td><b>Comments:</b></td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> </tr> </table>	<b>Date Received:</b>	_____	<b>Form of Payment:</b>	_____	<b>Transaction Number:</b>	_____	<b>Date Issued:</b>	_____	<b>Issued By:</b>	_____	<b>Comments:</b>	_____		_____		_____
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