



City of Rochester
Building Safety Department
 2122 Campus Dr SE, Suite 300
 Rochester MN 55904-4744
 Phone: (507) 328-2600
 Fax: (507) 328-2601
 www.rochestermn.gov

ELECTRICAL Permit Application

Office Use Only	(2/10)
App. No. _____	

Date _____ Building Permit Application No. _____
 (If this work is associated with a building permit)

Tenant/Building Name _____

Work Site Address _____
 Number _____ Street _____ Suite/Unit No. _____

Applicant is: Owner Contractor Other (describe) _____

Property Owner

Name _____ Phone (____) _____
 Last First MI

Address _____

City _____ State _____ Zip Code _____

Contractor

Company _____

Phone _____ - _____ - _____ Fax _____ - _____ - _____ E-mail _____

Name _____ MN Contr. Lic. # _____
 Last First MI

Address _____

City _____ State _____ Zip Code _____

Permit Type

Residential Commercial Multi-Family

Work Category

New Addition Alteration
 Temporary Service

Project Description

Description of Work _____

Valuation of Work

Total Valuation of Work \$ _____ (Materials and Labor)

Permit Fees	1. Application Fee \$ 25.00	*Permit Fee Schedule:	Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Trust Account	
	2. Permit Fee* _____			Valuation Permit Fee
	3. State Surcharge _____ (.0005 X valuation)			\$1 to \$500 none
	Total Fees _____ <i>Total of #1, 2 and 3 above</i>			\$501 to \$1,000 \$10.00 \$1,001 and up \$10.00 per \$1,000 or fraction thereof

PLEASE CONTINUE ON OTHER SIDE

Service Information	Type of Service	Voltage	Amperage	Connection
	<input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase (Wye) <input type="checkbox"/> Three Phase (Delta)	<input type="checkbox"/> 120/240 <input type="checkbox"/> 120/208 <input type="checkbox"/> 240/480 <input type="checkbox"/> _____	<input type="checkbox"/> 60 A <input type="checkbox"/> 100 A <input type="checkbox"/> 150 A <input type="checkbox"/> 200 A <input type="checkbox"/> _____	<input type="checkbox"/> Overhead <input type="checkbox"/> Underground <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
	Set _____ Meters			
	Power Supplier: <input type="checkbox"/> Rochester Public Utilities		<input type="checkbox"/> Peoples Cooperative Power Association	

System Type	<input type="checkbox"/> Electrical <input type="checkbox"/> Computer/Security/Communication Systems
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ELECTRICAL EQUIPMENT PROVIDED

(Fill in the appropriate blanks in the table below)

WIRING	BASE-MENT	1st STORY	2nd STORY	3rd STORY	OUT SIDE	GAR-AGE	TOTAL	EQUIPMENT	SIZE (AMPS)	SIZE OF CONDUCTORS	WIRING MATERIAL
LIGHT & RECPT. OUTLETS*								SERVICE			
								SUBPANEL			
LIGHT & RECPT. CIRCUITS								WATER HEATER			
APPLIANCE RECPT. OUTLETS								OVEN			
								DISHWASHER			
APPLIANCE RECPT. CIRCUITS								RANGE			
								DRYER			
SMOKE DETECTORS								WASHER			
								ELECT. HEAT			
*Total number of receptacle devices and lighting fixtures (not to include switches)								AIR CONDITIONER			
								OTHER:			

I hereby apply for an electrical permit and I certify that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota and ordinances of the City of Rochester, including City Sales and Use Tax Ordinance 129.25. I understand this is not a permit but only an application for a permit, and work is not to start without a permit. I certify that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).

I hereby certify that I am properly registered and/or licensed as required by the State of Minnesota and/or the City of Rochester. Anyone not so licensed may do work on premises or that part of premises (not containing more than two units) owned and actually occupied by the worker as a residence.

Applicant's Signature

Date