

**APPLICATION FOR ELECTRICAL PERMIT  
SAGINAW CHIPPEWA INDIAN TRIBE  
TRIBAL BUILDING CODE ENFORCEMENT**

7070 E. Broadway  
Mt. Pleasant, MI 48858  
Phone: (989) 775-4014

**TYPE OF JOB:**

- NEW                                       COMMERCIAL  
 REMODEL                                       RESIDENTIAL

Description of work: \_\_\_\_\_

	COST	NO.	FEE
<b>BASE FEE (INSPECTION NOT INCLUDED)</b>	<b>\$22</b>	<b>1</b>	<b>22.00</b>
Service: Per meter thru 200 amp.	\$8		
Temporary: Over 200 AMP, thru 600 amp	\$12		
Permanent: Over 600 AMP	\$15		
Circuits	\$3		
Lighting fixtures per 25 & fraction thereof	\$5		
Dishwasher	\$3		
Garbage Disposal	\$3		
Range Hood	\$3		
Furnace – Unit heater	\$4		
Electrical Heating Units (baseboard)	\$3		
Power Outlets (including ranges, dryers, etc.)	\$5		
Mobile or Modular Homes	\$30		
Signs – per circuit	\$5		
Feeders – Bus Ducts, etc. – per 50' & fraction	\$5		
Fire Alarm System	\$50		
K.V.A. & H.P. rated equipment up to 20 K.V.A. or HP	\$5		
Over 20 K.V.A. or H.P.	\$8		
<b>* Additional Inspections</b>	<b>\$22</b>		
<b>Final Inspection</b>	<b>\$22</b>	<b>1</b>	<b>22.00</b>
Hourly inspection rate for items not specified	\$25		
Special Inspection (Property sale, insurance, etc.) (follow-up inspection \$15)	\$38		
<b>TOTAL</b>	<b>\$</b>		

**WORK MUST BE INSPECTED BEFORE COVERED**

**\*Please indicate number of additional inspections anticipated for this project along with the appropriate fee amounts.**

<b>OFFICE USE ONLY</b>	
Permit No.:	_____
Date:	_____

This application shall become incorporated as part of the permit issued and only authorizes the items of work as herein applied for.

Please fill out application completely, incomplete applications may be returned.

**APPLICATION FOR:**

Homeowner \_\_\_\_\_

Job Site Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**APPLICATION BY:**

Contractor \_\_\_\_\_

Business Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

State License # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Worker Disability/Comp Ins. Co. \_\_\_\_\_

Employer ID # \_\_\_\_\_

MESC Employer # \_\_\_\_\_

Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_

Signature \_\_\_\_\_  
(Contractor, Homeowner\*\*)

**\*\*NOTE:** Homeowner by signing above you swear that you are personally doing the work as stated on this application. You agree that you will do the work in accordance with any and all applicable codes, laws and ordinances and will obtain approval from the Building Inspection Department for your completed work.