



ELECTRICAL PERMIT

OFFICE USE ONLY
Electric Permit # _____
Date Issued: _____ Receipt # _____

PLEASE PRINT OR TYPE ALL INFORMATION AND COMPLETE ITEMS ON BOTH PAGES

Quantity	DESCRIPTION OF WORK	FEES	Sub/Total
A. MINIMUM FEE PER INSPECTION TRIP			
	Includes up to 4 circuits if more than 4 see Sec. D below	\$ 40.00 per	
	Additional Inspection trips for Reinspection/Bonding/Equipotential Plane/etc.	\$ 40.00 per	
B. RESIDENTIAL One and Two-family dwelling units Up to 3 trips included in fee			
	1. New Dwelling Unit, up to and including a 200 amp service	\$ 125.00 per unit	
	2. New Dwelling Unit, 201 amp to 400 amp service	\$ 175.00 per unit	
	3. Existing Dwelling Unit, additions, alterations, or repairs up to & including a 200 amp service, fees as per C & D below but not to exceed	\$ 125.00 per unit	
	4. Existing Dwelling Unit, additions, alterations, or repairs 201 amp to 400 amp service fees as per C & D below but not to exceed	\$ 175.00 per unit	
	5. New or Existing Dwelling Unit, 401 amp service or above	See C & D below	
C. FEES FOR NEW OR UPGRADED SERVICES, TEMP. SERVICES, GENERATORS, OTHER POWER SUPPLY SOURCES, OR FEEDERS TO SEP. STRUCTURES			
	1. Up to and including a 200 amp service	\$ 50.00 each	
	2. 201 amp to and including 400 amp service	\$ 100.00 each	
	3. 401 amp to and including 800 amp service	\$ 200.00 each	
	4. 801 amp service and above	\$ 300.00 each	
D. FEES FOR CIRCUITS/FEEDERS & TRANSFORMERS			
	0 to 200 amp	\$ 10.00 per circuit	
	Above 200 amp	\$ 15.00 per circuit	
	Transformers up to 10 KVA	\$ 20.00 each	
	Transformers over 10 KVA	\$ 30.00 each	
E. MULTI-FAMILY DWELLINGS			
	Each dwelling unit	\$ 50.00 per unit	
F. ALARM, COMMUNICATION, SIGNALING CIRCUITS, OF LESS THAN 50 VOLTS			
	Each System Device or Apparatus @	\$.50 each	
G. FOR INSPECTIONS NOT COVERED ON THIS FORM OR FOR REQUESTED SPECIAL INSPECTIONS			
	Hourly charge	\$ 57.00 per hour	
H. COMMERCIAL PLAN REVIEW FEE (IF REQUIRED) is 25% of Total Permit Fee			
I. WORK BEGUN OR FINISHED WITHOUT PERMIT IS 2X THE REQUIRED PERMIT FEE			
	State Surcharge .0005 of the permit fee (minimum of \$1.00)		1.00
	TOTAL AMOUNT DUE		\$
	(Do not forget State Surcharge Fee)		

You must call 952-442-7520 when work is ready for inspection!

Describe Proposed Work: _____

Separate Permits are required for any building, mechanical, fire, or plumbing work.

PLEASE PRINT OR TYPE ALL INFORMATION AND COMPLETE ITEMS ON BOTH PAGES

Job Site: Street Address: _____ Mound, MN Zip: _____

OR Legal Description: Lot: _____ Block: _____ Subdivision: _____

Property ID (PIN No): _____

Applicant is: Contractor: Or Owner:

Contractor/Company Name: _____ **License #:** _____

Address: _____ City/State: _____ Zip: _____

Telephone: Office/Home: (____) ____ - ____ Mobile: (____) ____ - ____

E-mail: _____ Fax: (____) ____ - ____

Builder/Owner Name: _____

Address (if diff. from Site): _____ City/State: _____ Zip: _____

Telephone: Office/Home: (____) ____ - ____ Mobile: (____) ____ - ____

E-mail: _____ Fax: (____) ____ - ____

I HEREBY APPLY FOR AN ELECTRICAL PERMIT, AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; I UNDERSTAND **WORK IS NOT TO START WITHOUT A PERMIT**. I UNDERSTAND AND HEREBY AGREE THAT THE WORK FOR WHICH THE PERMIT IS ISSUED SHALL BE PERFORMED ACCORDING TO THE FOLLOWING: (1) THE CONDITIONS OF THE PERMIT, (2) THE APPROVED PLANS AND SPECIFICATIONS, IF NEEDED (3) THE APPLICABLE CITY APPROVALS, ORDINANCES, AND CODES, AND (4) THE STATE BUILDING/ELECTRICAL CODE. I UNDERSTAND THAT THE PERMIT WILL EXPIRE, AND BECOME NULL AND VOID IF WORK IS NOT COMPLETED WITHIN **12 MONTHS** OF VALIDATED DATE AND, THAT I AM RESPONSIBLE FOR ENSURING THAT ALL REQUIRED INSPECTIONS ARE REQUESTED IN CONFORMANCE WITH THE STATE BUILDING/ELECTRICAL CODE.

Signature: _____ Date: _____

PAYMENT MUST ACCOMPANY APPLICATION (Be sure to include State Surcharge in payment)

Check attached – Check # _____ **MAKE CHECKS PAYABLE to MNSPECT**

MAIL: MNSPECT, P.O. Box 342, Waconia, MN 55387

FAX: 952-442-7521

DELIVER: MNSPECT, 235 West First Street Waconia, MN 55387

Visa/Master Card – _____ / _____ \$ _____
Account Number Expiration Date CSV Amount to be withdrawn

Credit Card Owner Billing Address: _____
Street Address City, State Zip Code

Payment Authorization Signature (REQUIRED)

Print Name on credit card (REQUIRED)