## RESIDENTIAL ELECTRICAL PERMIT

MANISTEE TOWNSHIP Building Department 410 Holden St Manistee, MI 49660 231-723-6507

			Manistee, M 231-723- 231-723-
Permit # :			
Pro	perty Tax No:		
Pho	one Number:		
Cit	y/State/Zip:		
		No.	
ITEMIZA	TION	xxx.	
Services: Thru 200amp.			
200 amp thru 600 amp			
Circuts			
Lighting Fixtures per 25 and fraction of			
Dishwasher, Garbage disposal & range hood			
Furnace unit heater			
Electrical heating units (baseboard)			
	of the road: North Scalosest roads)  ITEMIZA Services: Thru 200amp.  200 amp thru 600 amp Circuts Lighting Fixtures per 25 and from Dishwasher, Garbage disposal 8	Permit # : Property Tax No: Phone Number: City/State/Zip: City/State/Zip: Superior State Property Tax No: Phone Number: City/State/Zip: Superior State Property Tax No: Phone Number: Superior State Property Tax No: Superior State Property Tax	Permit # : Property Tax No: Phone Number: City/State/Zip: Of the road: North South East West losest roads) & No.  ITEMIZATION

If a dwelling unit is 3,500 square feet or greater plans must be submitted with an Application for Plan Examination and the appropriate fee before a permit can be issued. Plans are not required for the following:

Data/Telecommunications outlets

Power Outlets (including ranges, dryers, ect.)

1. One-and two-family dwelling containing not more than 3,500 square feet of building area.

Signs -- per circuit

Feeders

- 2. Alterations and repair work determined by the plumbing official to be of a minor nature.
- 3. Buildings with a required plumbing fixture count less than 12.

(Up to Four Inspections)

If work being performed is described above, check box "Plans Not Required." Plans Not Required

All projects that require plan review will be assessed a plan review fee.

Application fee \$ 30.00 COST OF PERMIT:	Description of work:
Total Cost of Permit Make checks payable to MANISTEE TOWNSHIP	
Building Dept. Approval	Additional Notes:
Ву:	

## RESIDENTIAL ELECTRICAL PERMIT

Contractor Name:	Phone # Fax #		Fax#		
Address	City		State	Zip	
Federal I.D. No/Social Security No.		MESC Employer No:			
Contractor License No. Exp. Da	ate	Worker's Compensation Insural	nce Carrier		
Name of Master Electrician		Master License No.	Ex	p. Date	
Master Electrician Business Address	City		State	Zip	
If exempt from any of the above, explain here:		Email: (REQUIRED)			
Section 23A of the state construction cocircumvent the licensing requirements of building or a residential structure. Violatical violations of the state construction control of the state	of the state relation 2:	ng to persons who are to 3 A are subjected to civil	perform work on a fines.	residential	
Expiration of Permit: A permit remain and conducted. A permit shall become issuance of the permit or if the author time of commencing the work. A PERMAND CONDUCTED WITHIN 180 DAYS INSPECTION. CLOSED PERMITS CANN	s valid as long as invalid if the au ized work is sus MIT WILL BE CLC OF THE DATE OF	s work is progressing and the state of the s	nd inspections are ommenced within for a period of 180 CTIONS ARE REQU	requested 180 days after D days after the JESTED	
HOME OWNERS AFFIDAVIT and S	IGNATURE				
I hereby certify that the work describe enclosed, covered up, or put into ope cooperate with the inspector and ass	eration until it ha	s been inspected and ap	proved by the inspe	ector. I will	
Signed:		_ Date:			
AGENT/CONTRACTOR'S AFFIDAVI	T and SIGNATU	RE			
I herby certify that the proposed wor owner to make this application as his			nd I have been auth	orized by the	
Signed:		_ Date:			