



117 West Main Street
 Parma, MI. 49269
 517-531-4785
 Fax: 517-531-5179

Application for: **ELECTRICAL PERMIT**

Date: ____/____/____

Contractor License Number: _____ Bldg. Permit Number _____

Location: _____

Owner: _____

Kind of Building: _____ Used as: _____

To Be Completed About: _____ Estimated Cost: \$ _____

New Alteration Repair Addition
 (Circle One)

Type of Equipment	Number
Ceiling Outlets	
Switches	
Plug Receptacles	
Total Outlets	
Air Heaters	
Ranges	
Signs	
Water Heater	
Lighting Circuit	
Other Circuit	
Total Circuits	
Motors	
Panel Size	
Range Cond	
Sub Feeder Size	

Permit Amount \$ _____
Make Check Payable to \$ _____
Send To: Village of Parma 117 West Main Street PO Box 127 Parma, MI. 49269
NOTE: Permits will <u>NOT</u> : be issued without payment.

Contractors Name and Address: _____

City: _____ State: _____ Zip Code: _____

Ready for Inspection on ____/____/____ or will contact permit clerk later _____

Applicant signature certifies that all information given is true, and correct: _____