



City of Mentor

Application for Electrical Permit

PLEASE NOTE: INSPECTIONS MUST BE SCHEDULED 24 HOURS IN ADVANCE

Project Information (Print/Type)

Project Address: _____
 Owner: _____
 Phone Number: _____ Cell Number: _____

Electrical Contractor Information: (Print/Type)

Company Name: _____
 Contact Person: _____ Mentor Registration # _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone #: _____ Fax #: _____ Cell #: _____ Email: _____

IF ELECTRICAL WORK RELATES TO A CURRENT BUILDING PERMIT THE FOLLOWING FORMULA APPLIES:

NO.	FEE	A FLAT \$40.00 FEE + \$3.00 PER 100 SQUARE FEET (OR)
_____	_____	\$20.00 FLAT FEE FOR 1, 2 & 3 FAMILY RESIDENTIAL PERMITS + A \$50.00 DEPOSIT IS REQUIRED
_____	_____	\$40.00 FLAT FEE FOR OBC PERMITS + A \$100.00 DEPOSIT IS REQUIRED
_____	_____	\$10.00 EACH FIXTURE BOX, JUNCTION BOX, OUTLET, SWITCH
_____	_____	\$10.00 EACH RESIDENTIAL EXHAUST FAN
_____	_____	\$10.00 EACH CIRCUIT, DISCONNECT OR OVERCURRENT DEVICE
_____	_____	\$10.00 EACH GENERATOR OR MOTOR
_____	_____	\$10.00 ELECTRIC OR COOLING EQUIPMENT & RESISTANCE HEATERS
_____	_____	\$10.00 CONTROLLERS, CAPACITORS OR OTHER ELECTRICAL APPLIANCES
_____	_____	\$10.00 COMMERCIAL EXHAUST FAN
_____	_____	\$10.00 RANGE, OVEN, DRYER OR OTHER @ 220 VOLT
_____	_____	\$10.00 FIXED MACHINE OR MOTOR
_____	_____	\$10.00 EACH COMMERCIAL AMUSEMENT RIDING DEVICE
_____	_____	\$10.00 EACH NEW OR RELOCATED PANEL OR SUBPANEL
_____	_____	\$20.00 EACH NEW SERVICE ENTRANCE
_____	_____	\$20.00 TEMPORARY LIGHTING FOR EACH 40 FIXTURES
_____	_____	\$20.00 TEMPORARY POWER FOR EACH 25 OUTLETS
_____	_____	\$20.00 STEP UP OR STEP DOWN TRANSFORMERS
_____	_____	\$20.00 EA. LOW VOLTAGE SYSTEM (DETECTION, COMMUNICATIONS, ETC.) + \$2.00 PER 100 SQ. FT.
_____	_____	\$1.00 PER FT. OF SIGN FOR ELECTRIC SIGNS, INCLUDING NEON OR TUBE LIGHTING.
_____	_____	PERCENT OF 3-PHASE CIRCUITS OR WORK = DOUBLE FEES
_____	_____	PERCENT OF CIRCUITS OR WORK AT 220 VOLTS = DOUBLE FEES
_____	_____	PERCENT OF CIRCUITS OR WORK AT 440 VOLTS = QUADRUPLE FEES
_____	_____	PERCENT OF CIRCUITS AT GREATER THAN 600 VOLTS = QUADRUPLE FEES

Describe Work _____ **Valuation of Work \$** _____

Application is hereby submitted to perform the work described in this application. It is hereby specifically agreed that the signatories and their assigns shall comply with all Codes and Ordinances of the City of Mentor, State of Ohio, and all the conditions of plan approval, and applicant further agrees to cause to schedule all required inspections and obtain approvals prior to concealing work. This application submittal is a public record pursuant to the provisions of the Ohio State Open Records Act and a legal document. Purposely filing false or misleading information is a violation of City and State Ordinances and may be cause to void any permit. Additional information in the form of Plans or other Construction Documents, will be required to review and approve your application. By signing the applicant affirms they are the owner or authorized to act as the owner's agent.

APPLICANT'S SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____

OFFICE USE ONLY: PERMIT FEE: \$ _____ S.A.F. FEE: \$ _____ DEPOSIT: \$ _____ AMT. DUE: \$ _____

Parcel Number(s): _____ Ward: _____ Census Tract: _____

(REVISION 05/2015 ALL OTHER VERSIONS ARE OBSOLETE)