



CITY OF MOBILE APPLICATION FOR ELECTRICAL PERMIT

| | | |
|-------------------------------------|--------------------------|-------------------|
| Office use only: Date: _____ | Permit No.: _____ | Fee: _____ |
|-------------------------------------|--------------------------|-------------------|

PLEASE PRINT:

Address: _____

Unit/Bldg#: _____

Owner: _____

PLEASE CHECK ALL THAT APPLY:

General Contractor: _____

New Construction. Existing Building

Master Permit # BLD _____

Shell Only Interior Alter./Tenant Build-out

REQUIRED:

S/F Residence Commercial/Multi-Family

My Total Contract is Above Below \$50,000

| ITEM/FIXTURE/EQUIPMENT | Quantity | | ITEM/FIXTURE/EQUIPMENT | Quantity | |
|---|----------|--|---|----------|--------------------------|
| Main Service _____ amps Underground <input type="checkbox"/> Overhead <input type="checkbox"/> | | | Switches: | | |
| Service Repair _____ amps Underground <input type="checkbox"/> Overhead <input type="checkbox"/> | | | Plugs: | | |
| Service Upgrade _____ amps Underground <input type="checkbox"/> Overhead <input type="checkbox"/> | | | Ceiling: | | |
| Temporary Service (Pole) Underground <input type="checkbox"/> Overhead <input type="checkbox"/> | | | Total Outlets : (specify quantity & type above) | | ESCROW: |
| A/C – Central Units Total Tons | | | Pool | | Beginning Balance |
| A/C – Window Units | | | Range | | |
| Alarm Systems – Residential | | | Repairs to Outlets or Fixtures | | +/- |
| Alarm Systems – Non-Residential/Commercial | | | Sign Connection Fee | | |
| Ceiling Fans | | | Transformer (1kW or over) | | Ending Balance |
| Dryer | | | Trench Inspection | | |
| Fixtures & Smoke Detectors | | | Water Heater | | |
| Generators _____ KW | | | Welding Machine Receptacle | | |
| Heating _____ KW | | | Reinspection Fee | | |
| Manufactured/Modular Bldg (Act#81-706) | | | Weekend & Emergency Inspection | | |
| Motors Fractional: | | | Other: | | |
| Motors _____ HP | | | | | |

INSPECTIONS: WILL CALL _____ DATE READY _____ AM _____ PM _____

| | | |
|---------------------------|---------------------|------------------------|
| TYPE: Rough-in Slab _____ | Rough-in Wall _____ | Rough-in Ceiling _____ |
| Full Rough-in _____ | Trench _____ | Final _____ |
| Service Repair _____ | Generator _____ | Alarm _____ |
| Service Upgrade _____ | Temp Pole _____ | |

Name of Electrical Contractor (Company) Signature

- Notes:**
1. Always keep construction sites clear of debris in adherence with the Anti-Litter Ordinance.
 2. Requests for inspection(s) on permits issued between 8 and 10 a.m. may not be scheduled before 1 p.m. on the same day permit is issued.
 3. Requests for inspection(s) on permits issued between 11 a.m. and p.m. may not be scheduled until the next business day.