

City of Garfield Heights

5407 Turney Rd.

Garfield Heights, Ohio 44125

Voice (216) 475-3835 Fax (216) 475-6081

Electrical Permit Application

Applicant

Name _____

Address _____

Phone _____ Fax _____

I hereby acknowledge that I have read this application, that the information given is correct, and that I am the owner or the duly authorized agent of the owner. I agree to comply with City and State laws regulating construction. I agree that this installation is subject to the inspection and approval of the Building Inspector and that I will call for all required inspections.

Sign: _____

Work Location

Address _____

Owner _____

Address _____

Phone _____ Fax _____

Description of work:

New installations, alterations, remodel and alterations:

Square Footage: _____

Temporary Service: _____

Service Change or New Service: (Circle one)

200amp 400amp Over 400amp

Alarm Systems: Valuation: \$ _____

Square Footage: _____

Accessory building wiring:
(garage, shed, etc.)

Parking Lot/Exterior Lighting:

of building fixtures: _____

of Pole or Signs: _____

Swimming Pool/Hot Tub: _____

No more than 2 outlets or ceiling fans..... _____

Wiring for A/C compressor..... _____

MOTORS

Up to 10 hp... _____

10.2 to 20 hp... _____

Over 20 hp..... _____

X-Ray Machines, Cat Scan, Industrial Machinery, etc. _____

Projectors _____

Transformers # of: (kVA) _____
(Circle one)

1-10 10.5-25 25.5-50 Over 50

Building Official Signature:
