



ELECTRICAL PERMIT APPLICATION

City of Hopewell Division of Code Enforcement

300 N Main St., Hopewell, VA 23860
(804) 541-2226 Fax (804) 541-2318

I understand that all work and materials used in this installation shall conform strictly to the City of Hopewell ordinances and the Virginia Electrical Code and that this permit expire if work is not commenced within six (6) months from the date of issuance. This office requires submittal of plans and specifications on all installations.

Project Description: (Describe Work)

Address of Work: _____
(Location) _____

Class of Work (check one): New _____ Alteration _____
Building Use (check one): Residential _____ Commercial _____
Industrial _____ Other _____

Daytime Phone:() - Cell:() -

Email: _____

Contact Person: _____

Email: _____

Owner Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contractor Information:

Contractor: _____

Address: _____

City: _____ State: _____ Zip: _____

State License: _____ Expires: _____

City License: _____
() - Cell:() -

Business Phone: _____

Contact Person: _____

Email: _____

Mechanics Lien Agent: _____

Address: _____ City: _____ State: _____ Zip: _____

Estimated Cost (Labor and Materials): \$ _____ Minimum Permit Fee: \$25.00 (RESIDENTIAL), plus \$0.04 per square foot, plus current State Surcharge; Minimum Permit Fee: \$100.00 (COMMERCIAL), plus 1% of labor and materials, plus current State Surcharge.

I understand that this is an application for a Electrical Permit and that work may not begin until the official permit has been issued.

I understand with submittal of this application that all work and materials used in this installation shall conform strictly to the 2018 Virginia Electrical Code.

Signature of Applicant: _____ Date: _____

Official Use Only

Permit # _____ Permit Fees \$ _____ Check # _____ Cash _____ CC _____

Sub/Parcel # _____ Lot / Block _____ Zoning _____ Enterprise Zone:
YES NO
(Circle)

Building Official Approval: _____ Date: _____

Zoning Official Approval (if required): _____ Date: _____

Ward#: _____

Application #: _____