



# 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 \_\_\_\_\_

#### Owner Information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone:( \_\_\_\_\_ ) - \_\_\_\_\_ Cell:( \_\_\_\_\_ ) - \_\_\_\_\_  
Email: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

#### Contractor Information:

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

State License: \_\_\_\_\_ Expires: \_\_\_\_\_  
City License: \_\_\_\_\_  
Business Phone:( \_\_\_\_\_ ) - \_\_\_\_\_ Cell:( \_\_\_\_\_ ) - \_\_\_\_\_  
Contact Person: \_\_\_\_\_

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 2012 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: _____	