Contractor's Electrical Permit Application Gem Lake

			City@	gemlakemn.org					
	Rough-In Inspections (Must Be Scheduled) Rough-In Inspection Required? No				If no internet c	Schedule inspections at www.tokleinspections.com If no internet call: 763-754-2983 7:00 a.m. — 8:30 a.m. M — F Installer must schedule all inspections			
Address of Inspection					City/Township	City/Township County			
Owner's Name					Gem Lake Project Descrip		Ramsey		
Phone Numbers									
Phone Numbers	oll	Work							
Home Cell Work									
Contractor					Contractor Lic	Contractor License Number			
Contractor's Mailing Address					City	State	7	Zip	
Contact person at Shop				Phone Numbers	Occ	6.11	C-II		
<u> </u>					Office	Cell	Cell		
Contact person on Job Site									
Authorized Signature of Contractor or Owner doing work					Email Address ((your permit will be	emailed to you	u)	
Please review and complete Sec	ctions A and B.	The fee is the	greater of	A or B – not both.					
Section A – Service and C	ircuit Calcul	ation							
D.::J	00 C-11 66	0.00.1	Fee	E 1 /C'	•,			Fee	
Residential service Change \$110.00. Sub panel \$50.00. 1 inspection and reconnection of existing circuits only. Any				Feeders/Circ 0 to 100 amp					
added/extended/reworked circuits are extra per fee schedule. New or Repair Service/Power Supply				101 to 200 am 201 to 300 am					
0 to 300 amp @ \$55.00					amp @ \$27.00				
400 amp @ \$71.00					500 amp @ 33.00 .00 for each additional 100 amps				
Add \$16.00 for every additional 100 amps Transformers and Generators					Add \$6.00 for each additional 100 amps Apartment Buildings				
1kva-10kva @ \$5.00					\$90.00 per unit Does not include the service, unit feeders or house panels				
11kva – 74kva @ \$45.00 75kva – 299kva @ \$60.00				Does not incit	Does not include the service, until jeeders or nouse panets				
Over 299kva @ \$165.00									
Retrofit Lighting \$0.85 cents per fixture					Solar fees for PV system 0-5,000 watts @ \$90.00				
Ballast and lamps only. New fixtures are per circuit fee				> 5,000 watts	> 5,000 watts to 10,000 watts @ \$150.00				
Traffic Signals \$8.00 per standard					> 10,000 watts to 20,000 watts @ \$225.00 > 20,000 watts to 30,000 watts @ \$300.00				
Street Lights and Lot Lights				> 30,000 watt	> 30,000 watts to 40,000 watts @ \$375.00				
\$5.00 per pole Swimming Pools and Hot Tubs					Add \$25.00 for every additional 10,000 watts Remote Control, Signal Wiring, Fire Alarm, Heating & AC				
\$100.00 plus circuit fee (includes 2 inspections)					\$0.85 cents per device				
Electronic Inspection of AC, furnace, bath fan, fireplace, & water heater vent receptacle \$40.00 Re-Inspection fee is an addition to all other fees - \$50.00								0.00	
Residential Maximum fee is \$20	0.00 for 3 trips fo	or services of 2	00 amps or le	ess. No maximum if t	the service is larger th	han 200 amps.			
No refunds under \$51.00 (does not include surcharges) Minimum fee permits expire in 6 months				Total for S	Section A				
Section B – Trip Calculati	ion								
<u>Trips</u> # of trips @ \$50.00 per trip				Total for S	ection B				
Total Permit Fee									
Greater of Section A or B (not both) Requests for Electrical Inspection (REI) with a fee of \$250.00 or less expire months from the filing date. The owner must have the work completed with									
Mandatory State Surcharge Fee \$1.00				month period	month period or submit another REI that includes the inspection fee for the				
Total Permit Fee Submitted					uncompleted work. Inspection fees do not carry over from one REI to another. A service charge of \$35.00 will be added for all dishonored checks.				
Please review and complete Sec	ction C for com	mercial. The	fee is 1% of	valuation with a m	ninimum of \$125 pli	us the state surch	arge of .000.	5 × valuation.	
Section C – Commercial F	Permit Fee								
Estimated Valuation of Work		\$							
I hereby certify that I inspected the electrical installation herein on the dates stated: F					For Department Use Only				
Rough-In Inspection(s) Date:				Permit #	ient Ose Omy	it use Omy			
Rough-in inspection(s) Date.				1 CHIII π	1 CHILL #				

Date:

Receipt #

Final Inspection Date: