



Building Inspections Department

City of Gilbertville
1321 W. 5th St.
Gilbertville IA 50634

Electrical Permit Application

Office use only
Permit No. _____

Date: _____
Site Address _____ Suite/Unit. No. _____
Tenant/Building Name _____ Condominium No. _____
The applicant is [] Owner [] Contractor [] Architect/Engineer

Property Owner
Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____

Contractor
Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ License No. _____

Architect/Engineer
Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Registration No. _____

Class of Work
[] 1 New [] 2 Remodel [] 3 Dwelling [] 4 Commercial
Check two

Type of Work
Check all that apply
Temporary Pole _____ Fixtures _____
Light Outlets _____ Water Heater _____
Switch Outlets _____ Automatic Heating Plant _____
Receptacle Outlets _____ Dishwasher _____
Dryer _____
Range _____
Air Conditioner _____
Lighting Service Size _____ Ampere _____ Vent Fan _____
Conductor Size _____ Fuse Holder Size _____ Sign _____
Motor - Horsepower _____
Power Service Size _____ Ampere _____ Electric Heat _____
Conductor Size _____ Fuse Holder Size _____ Disposal Unit _____
Miscellaneous _____

General Work \$ _____

Plumbing: \$ _____

Heating: \$ _____

Electrical: \$ _____

Miscellaneous: \$ _____

Total Valuation: \$ _____

Estimated Completion Date _____

Description of work to be done: _____

**ADDITIONAL PERMITS FOR BUILDING,
PLUMBING AND MECHANICAL ARE
REQUIRED.**

I hereby apply for a electrical permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the city of Gilbertville; that I understand this is not a permit but only an application for a permit and work is not to start without a permit application on file; that the work will be in accordance with the approved plan in the case of all work which requires review and approval of plans. **Permit is valid for one (1) year from date of issuance. Permit may be renewed one time only for one (1) additional year.**

Applicant's Signature

Date

DO NOT WRITE BELOW THIS LINE

No.	Construction Types	Occupancy Groups	Building Areas
1			
2			
3			

Conditions of Issuance _____

Approvals required to issue a Certificate of Occupancy

Electrical Building Plumbing
 HVAC Fire

Valuation \$ _____ Permit Fee \$ _____

Certificate of Occupancy Yes No Plan Check Fee? Yes No Handicap Fee? Yes No

Other Fees? Yes No Please Specify _____ Amount \$ _____

Permit Approved By _____ Date _____