

Building Department  
21630 11th Avenue South, Suite D  
Des Moines, WA 98198  
(206)870-7576 fax:(206)870-6544  
www.desmoineswa.gov

**Commercial**

## Electrical Permit Application

**Project Name:** \_\_\_\_\_  
**Complex/Park Name:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_  
**Unit/Space Number:** \_\_\_\_\_

### **Electrical Contractor**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**WA Electrical Contractor License #:** \_\_\_\_\_ **Des Moines Business License #:** \_\_\_\_\_

### **Building Owner**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Scope of Work:

**Permit fees for all commercial projects are valuation based. Please be prepared to provide a copy of your bid.**

Type	Cost per unit	Number of units	Total per line
Permit Fee	<a href="#">See Permit Fee Table</a>	Valuation	
Plan Review Fee (put a check in the box if plan review is required)	<a href="#">See Permit Fee Table</a>	<input type="checkbox"/> check if required	
Temporary Service, single up to 200 amp			
Multiple Temporary Construction Service / Job Trailers (Flat fee per site)			
Other:			
<a href="#">Automation Fee (Required) - See Automation Fee Schedule</a>			
		<b>Total Permit Fee</b>	

**Electrical plan review is required** for all new or altered electrical projects in the following occupancies an/or installations: educational, institutional, health care, non residential occupancies 2500 sq ft and greater, installations where service or feeder rated 100 amps or greater is installed or altered or if more than 100 amps is added, commercial generator installations, all hazardous locations, if 60% or more luminaires change, installation of switches or circuit breakers rated 400 amps or over, wind driven generators, solar photovoltaic systems, and any proposed installation which cannot be adequately described in the application form. (See WCEC 85.15 (G) )

A complete submittal for plan review requires the following items:

1. A completed and signed Electrical Permit application.
2. Two sets of plans containing the following information:
  - a) Floor plans showing location of all existing and proposed added outlets and equipment
  - b) Load calculation for the service, feeders, and added loads
  - c) Switchboard and panel board schedules
  - d) A complete riser and one line diagram showing all conduit and wire sizes as well as all grounding
  - e) Fault current calculations and the listed interrupting rating of all feeder and service equipment

**For all work done within the City of Des Moines, please use Location Code 1709 in reporting and/or remitting to the State all related sales and use taxes**

**Applicant:**  Owner  Owner's Agent  Electrical Contractor  Electrical Contractor's Agent

I hereby certify that I have read and examined this application and know the same to be true and correct, and agree to comply with City ordinances and State laws regulating the performance of construction. I certify that I am either the owner of the property described on this permit application, the Washington State licensed Electrical Contractor responsible for the work, or I represent the owner or contractor as signified above, and am acting with the owner's/contractor's full knowledge or consent.

\_\_\_\_\_  
**Print name of Applicant**

Date: \_\_\_\_\_

\_\_\_\_\_  
**Applicant's signature**

**Application expires 180 days from date of application**  
**Permit expires 180 days from date of issuance or last inspection**