



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

Residential

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:

Type	Cost per unit	Number of units	Total per line
Square footage of new residence/addition (includes low voltage wiring installed by you)	\$150.00 for the first 1500 sq ft, \$40.00 for each additional 500 sq ft or fraction thereof	SQ FT	
Outbuilding less than 30 amp feeder (includes circuits)			
Outbuilding 30 amp feeder or greater (includes circuits)			
Swimming pool, hot tub, or septic system. Inspection with service			
Swimming pool, hot tub, or septic system. Separate Inspection			
Generator and transfer switch. Inspection with service			
Generator and transfer switch. Separate inspection			
Thermostat or HVAC control system			
Security System (Permit not required for completely wireless system with listed plug-in Class 2 transformer)			
Altered service/feeder			
Altered / Added circuits	1-4 \$65.00, 5+ \$7.50 add. each		
Temporary service, 0-200amps			
Mobile home service and/or feeder			
Grounding only			
Automation Fee (Required)	See Automation Fee Schedule		
		Total Permit Fee	

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