

CITY OF WEST LIBERTY

409 N. Calhoun Street – West Liberty, IA 52776

Phone: (319) 627-2418 Fax: (319) 627-4847

ELECTRIC APPLICATION AND PERMIT

Building Address _____

Owner _____ Phone: _____

Electric Contractor _____

Contractor Address _____ Phone: _____

Date _____ Lic # _____ IA Contractor Reg. # _____

Permit Fees

Dollar Volume of Work *~	Fee
1. \$1 – 1,500	\$ 50.00 *
2. \$1,501 – 5,000	75.00
3. \$5,001 – 25,000	100.00
4. \$25,001 – 50,000	125.00
5. \$50,001 – 75,000	150.00
6. \$75,001 – 100,000	175.00
7. \$101,000 – 125,000	200.00 +

* residential rates only – commercial to be 1.5 times these amounts

~ inspection fee is \$30

+ Add \$25.00 per every \$25,000 of valuation thereafter

Description of Work: _____

Your contract price: \$ _____ Permit Fee: \$ _____
+ Inspection Fee: \$ 30.00

NOTICE: Separate permits are required for building, plumbing, or signs. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. A License and Permit Bond in the amount of \$5,000 is required for all contractors performing work in the City of West Liberty

I agree to perform the work described herein in accordance with the plans and/or specifications submitted, and with all provisions of the Electrical Code of the City of West Liberty

Total Fee _____

Permit No. _____

Signature of Applicant _____ Date _____

Date _____

Approved: _____

A PERMIT MUST BE ISSUED PRIOR TO COMMENCEMENT OF WORK.