VILLAGE OF ORTONVILLE
476 Mill Street, P.O. Box 928
Ortonville, MI 48462
248-627-4976

Electrical Permit

Date: _____

Contractor's License Number: _____ Permit Number: E_____-_____

Location: _____

Owner: _____

Kind of Building: _____

To be completed about: _____ Estimated Cost: _____

New **Alteration** **Repair** **Addition** (Circle One)

ITEM	NUMBER	FEE	total
Ceiling outlets			
Switches			
Plug receptacles			
Total outlets			
Air heaters			
Ranges			
Signs			
Water heater			
Lighting circuits			
Other circuits			
Total circuits			
Motors			
Panel size			
Range cond.			
Sub feeder size			
Total fee			
Contractor's name and address			
City		state	Zip code

Ready for inspection on _____ or will contact permit clerk later _____
(date)

Applicant certifies that all information given is correct and that all pertinent electrical ordinances will be complied with in performing the work for which this permit is issued.

Signature of contractor or his authorized representative making application

Signature of permit clerk