



SHAKER HEIGHTS

ELECTRICAL PERMIT APPLICATION

Permit #: _____ Fee: _____ Estimated Cost: _____ Date: _____

Project Address: _____

Property Owner Name: _____

Property Owner Address (if different): _____ Phone No: _____

City: _____ State: _____ Zip: _____

Residential _____ Commercial _____ New _____ Remodel _____

Quantities: Outlets ____ Fixtures ____ Circuit Breakers ____ Switches ____ Panels ____ Motors ____

Meter Base/Service ____ Generators ____ H.P ____ Misc. Information: _____

Description of Electrical Work: _____

Contractor Name: _____

Address: _____ Phone No: _____

City: _____ Zip: _____ Fax No: _____

AUTHORIZATION:

The undersigned states that he/she is the owner of the property or authorized agent for the owner of the project address.

1. This permit is granted on condition that all work is done according to the ordinances of the City of Shaker Heights, and all Building Code Laws of the State of Ohio and/or of the City of Shaker Heights and on failure to do so this permit may be revoked and/or fines and penalties may be imposed.
2. The permit holder or his agent shall notify the Building Division 24 hours in advance for inspection.

Applicant Signature: _____ **Date:** _____

NOTE: All permits are required to be inspected. It is the responsibility of the contractor or applicant to arrange and schedule all inspections with the property owner and the Building Department. Failure to do so is in violation of City Ordinance.

Please allow 24 hours minimum notice before all inspections.