



City of Council Bluffs

Electrical Permit Application

Building Division

Applicant to Complete Numbered Spaces Only

Date: _____

Permit No: _____

1. Job Address: _____		
2. Owner: _____	Mailing Address: _____	Phone: _____
4. Contractor: _____	Mailing Address: _____	Phone: _____
		License #: _____
6. Use of Building: _____		
7. Class of Work: _____ New _____ Addition _____ Alteration		
8. Describe Work: _____		

<u>Special Conditions</u>	For Official Use Only		
	No.	Type of Equipment	Fee
		New Single/Two Family Building per SF	
		New Multi Family Building per SF	
Application Accepted By: _____		Private Swimming Pool	
Plans Accepted By: _____		Temp Pole	
Approved for Issuance By: _____		Temp Distribution System	
NOTICE Separate permits are required for electrical, plumbing heating, ventilation, or air conditioning This permit becomes null & 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 I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be compiled with whether specified herein or not. The granting of permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction		Receptical/Switch/Light Outlets < 20	
		- Additional Outlets over 20 each	
		Lighting Fixtures < 20	
		- Additional Fixtures over 20 each	
		Pole lighting fixtures	
		Residential Appliances	
		Non-Residential Appliances	
		Power Apparatus - Each HP,KW,KVA	
		- Up to and including 1	
		- Over 1 and not over 10	
		- Over 10 and not over 50	
		- Over 50 and not over 100	
		- Over 100	
		Busways each 100' or fraction thereof	
		Sign/Outline Lighting/Marquees	
	- Each Additional Circuit		
	Service - >600V not over 200AMP		
	Service - >600V and 200 to 1,000AMP		
	Service - Over 600V or over 1,000AMP		
	Miscellaneous		
	Restoration of service		
	Other fees/inspections determined by AHJ		
		Permit Issuance Fee	
		Supplemental Permit Issuance Fee	
		Total Fee	

I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this document.

Signature of Contractor or Authorized Agent

Date

Mail To:
Building Division
209 Pearl Street
Council Bluffs, Iowa 51503
Phone: 712-890-5276
Fax: 712-328-7007