

# CITY OF LAKEWOOD

PLANNING AND PUBLIC WORKS DEPARTMENT  
480 S Allison Parkway-Civic Center North  
Lakewood, Colorado 80226-3127

Permit No. \_\_\_\_\_

B.P. No. \_\_\_\_\_

Date: \_\_\_\_\_

Inspections: 303-987.7768

Information: 303-987-7500

Fax: 303-987-7979

## ELECTRICAL PERMIT APPLICATION

Permits will be returned by mail when applications are accompanied by permit fee and self-addressed envelope

Project Address \_\_\_\_\_ Property Owner or General Contractor and Phone No \_\_\_\_\_

<b>APPLICANT</b>	Name of Person or Firm (Please Print)	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor	License No.
	Address	Phones	
<b>PROJECT DESCRIPTION</b>	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Replace	Bldg. Dept.	
	<input type="checkbox"/> One-Fam Res <input type="checkbox"/> __-Bed Nurse Home <input type="checkbox"/> Theater <input type="checkbox"/> Office <input type="checkbox"/> Garage <input type="checkbox"/> Two-Fam Res <input type="checkbox"/> __-Bed Hospital <input type="checkbox"/> Restaurant <input type="checkbox"/> Bank <input type="checkbox"/> Shop <input type="checkbox"/> __-Unit Apt <input type="checkbox"/> __-Pupil School <input type="checkbox"/> Lounge <input type="checkbox"/> Clinic <input type="checkbox"/> Factory <input type="checkbox"/> __-Rm Motel <input type="checkbox"/> __-Pupil Day Care <input type="checkbox"/> Store <input type="checkbox"/> Auto Service <input type="checkbox"/> Warehouse <input type="checkbox"/> __-Rm Hotel <input type="checkbox"/> __-Seat Church <input type="checkbox"/> Other (Describe) _____	<input type="checkbox"/> Approved <input type="checkbox"/> Refused By: _____ Date: _____	
<b>PLANS</b>	For all work done under this permit the undersigned accepts full responsibility for compliance with the City of Lakewood Building Code and all other applicable state and city ordinances.		Estimated Value
	<input type="checkbox"/> NONE  <input type="checkbox"/> WITH APPL.  <input type="checkbox"/> ON FILE		\$ _____
			Tax Exempt No
	Print Name (owner or contractor)		\$ _____
Signature (owner or contractor)		TOTAL	\$ _____

## ELECTRICAL INSTALLATION INFORMATION

COMPLETE APPLICABLE SECTIONS BELOW, INDICATE SYSTEM(S) AND CHECK ITEMS TO BE INCLUDED THEREIN

**SERVICE:**

NEW     CHANGE     EXISTING     TEMPORARY     RELOCATE

\_\_\_\_\_ AMP     UNDERGROUND     OVERHEAD     SINGLE METER     MULTIPLE METER     NO. OF UNITS \_\_\_\_\_

**SYSTEMS:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> LIGHTING CIRCUITS<br><input type="checkbox"/> RECEPTACLE CIRCUITS<br><input type="checkbox"/> FURNACE OR BOILER HOOK-UP (Res)<br><input type="checkbox"/> AIR CONDITIONER HOOK-UP (Res)<br><input type="checkbox"/> LOW VOLTAGE SWITCHING<br><input type="checkbox"/> LIGHTNING PROTECTION<br><input type="checkbox"/> ELECTRICAL HEATING (Describe): _____<br><br><input type="checkbox"/> OTHER (Describe): _____ | <input type="checkbox"/> SWIMMING POOL GROUNDING<br><input type="checkbox"/> SMALL APPLIANCE HOOK-UP<br><input type="checkbox"/> POWER CIRCUITS (COM OR IND)<br><input type="checkbox"/> MECHANICAL HOOK-UP (Com or Ind)<br><input type="checkbox"/> SIGN HOOK-UP<br><input type="checkbox"/> LOW VOLTAGE FOR: _____<br><br>_____<br>_____<br>_____ | <input type="checkbox"/> COM. KITCHEN HOOK-UP<br><input type="checkbox"/> SNOW MELTING CABLE<br><input type="checkbox"/> FIRE DETECTION<br><input type="checkbox"/> EMERGENCY LIGHTING/POWER<br><input type="checkbox"/> EXIT LIGHTING |
|--|---|--|

**FIXTURES, APPLIANCES & EQUIPMENT:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> _____ LIGHTING FIXTURES<br><input type="checkbox"/> _____ RANGES, OVENS, COOK TOPS<br><input type="checkbox"/> _____ DISHWASHERS<br><input type="checkbox"/> _____ GARBAGE DISPOSERS<br><input type="checkbox"/> _____ DRYERS<br><input type="checkbox"/> _____ ELEC. WATER HEATERS | <input type="checkbox"/> _____ TRASH COMPACTORS<br><input type="checkbox"/> _____ EXHAUST FANS (Res)<br><input type="checkbox"/> _____ ELEC. HEATERS<br><input type="checkbox"/> _____ SAUNA BATH HEATING<br><input type="checkbox"/> _____ SPA TUBS / HOT TUBS<br><input type="checkbox"/> _____ PARKING LOT LIGHTS | <input type="checkbox"/> _____ MOTORS (1 HP or Less)<br><input type="checkbox"/> _____ MOTORS (Over 1 HP)<br>_____<br>_____<br>_____ |
|--|--|--|

**REMARKS:**

\_\_\_\_\_  
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 \_\_\_\_\_  
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