



ELECTRICAL PERMIT WORKSHEET

City of Glendale Permit Service Division
633 E. Broadway Rm. 101 (Corner of Broadway and Glendale)
Glendale, CA 91206 (818) 548-3200 and (818) 548-3215 (Fax)

Plan Check No. **BEP** _____

Please Type or Print Legibly in Ink

Separate sign permit is required for any electrical work as part of a sign or billboard.

Permit No. **BE** _____

Job Address (Include Zip Code)			
Permit Information		Has work started? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this work related to a Building Permit <input type="checkbox"/> Yes <input type="checkbox"/> No		(Double the permit fee will be charged for legalization)	
Describe where the work will be done & fill out the work description on the right side of this application.			
Applicant's Name		Phone ()	
Address (Include City and Zip Code)			
Property Owner's name		Phone ()	
Address (Include City & Zip Code)			
Licensed design professional or engineer Information:			
Name		Phone ()	
Address (Include City & Zip Code)		License No.	
CALIFORNIA LICENSED CONTRACTOR'S DECLARATION: I herby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.			
Contractor's Name		Phone ()	
Address (Include City & Zip Code)			
State License No.	Exp. Date	City License No.	Exp. Date
Contractor's Signature			

Work Description (Fill all that apply and specify quantity)	
_____ \$32.24	Issuance Fee
_____	Technology Surcharge of 6.8% will Apply to Permit and Plan Check Fees
_____ \$21.84	Supplemental Permit to _____
_____ \$37.44	Minimum Inspection Fee (If fees below add up to less than \$37.84)
_____ \$ _____	Plan Check (50% of Permit Fee, Minimum of \$69.68)
Residential	
_____ \$16.64	Up to 100-Amp Service (*)
_____ \$21.84	101 to 200-Amp Service (*)
_____ \$42.64	201 to 400-Amp Service (*)
_____ \$64.48	Over 400-Amp Service (*)
_____ \$91.52	Kitchen, New or Remodeled
_____ \$32.24	Bathroom, New or Remodeled
_____ \$32.24	Laundry Room, Single Family
_____ \$64.48	Laundry Room, Multi Family
_____ \$0.11	Other Areas, Per Square Foot Area _____ Sq. Ft.
_____ \$32.24	Landscape Lighting
_____ \$321.36	Alternative Per Unit Charge, Multi-Family
_____ \$54.08	Private Swimming Pool
Other (Residential / Commercial)	
Is this work related to a sign or billboard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If answer Yes , a separate Sign Permit is required.	
_____ \$1.34	Outlets, Each, 1-10
_____ \$0.54	Outlets, Each, Over 10
_____ \$10.40	Branch Circuits, Each, 1-10 (*)
_____ \$9.64	Branch Circuits, Each, 11-40 (*)
_____ \$8.57	Branch Circuits, Each, Over 40 (*)
_____ \$21.84	Miscellaneous Other Equipment, Minimum Charge
_____ \$74.88	Annual Maintenance
_____ \$47.84	Temporary Service, Under 600 Volts
Commercial	
_____ \$10.40	200-Amp Service or less (*)
_____ \$21.84	201 to 600-Amp Service (*)
_____ \$37.44	601 to 1200-Amp Service (*)
_____ \$59.28	Over 1200-Amp Service (*)
_____ \$91.52	Over 600-Volt Service (*)
Other	
_____ \$3.21	Under Floor Duct/Cellular Floor, Per 100 Square Feet
_____ \$1.07	Distribution Panel In Equipment Per Over Current Device Space
Switchboards	
_____ \$47.84	600 Volts or less, First Switchboard Section
_____ \$32.24	601 Volts or less, Additional Switchboard Section
_____ \$96.72	Over 600 Volts, Each Switchboard Section
Motors, Transformer, Heating Appliance, Welder, X-Ray Machine, Storage Battery System, Infrared Appliance, Etc.	
_____ \$8.57	Up to and Including 1 Hp (*)
_____ \$11.44	1 + 5 Hp (*)
_____ \$16.64	6 + 20 Hp (*)
_____ \$27.04	21 + 50 Hp (*)
_____ \$54.08	51 + 100 Hp (*)
_____ \$80.08	Over 100 Hp (*)
} Hp = K.W. & K.V. A.	
Note: Any item having this mark (*) may require plan check for multi-family (3 or more units) & commercial buildings. (Installation of multiple services equal to 200 amps or greater; 10 branch circuits and above; 5 HP motors and above; multiple installations of less than 5 HP motors; and all 200-amp service or service equipment Also, provide Title 24 LTG-1 & LTG-2 if more than 50% of lighting is changed)	

FOR OFFICE USE ONLY

Comments			

P.S. Electric	Date	Receipt No.
Accepted By	Date	
Approved By	Date	Receipt No.
Issued By	Date	
Revision		
P.S. Electric	Date	Receipt No.
Accepted By	Date	
Approved By	Date	Receipt No.
Issued By	Date	

