



# CITY OF FAIRBANKS ELECTRICAL PERMIT APPLICATION

PROJECT NAME/NUMBER:	
OFFICE USE ONLY	

APPLICANT TO COMPLETE NUMBERED SPACES ONLY PLEASE PRINT

1. DATE	2. JOB ADDRESS
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3. LEGAL DESCRIPTION	PAN #	LOT NO.	BLK	SUBDIVISION	4. JOB NAME
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5. APPLICANT	MAIL ADDRESS	CITY/STATE/ZIP	PHONE	FAX	EMAIL
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6. OWNER	MAIL ADDRESS	CITY/STATE/ZIP	PHONE	FAX	EMAIL
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7. CONTRACTOR	MAIL ADDRESS	CITY/STATE/ZIP	PHONE	FAX	EMAIL
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8. ELECTRICAL CONTRACTOR STATE OF ALASKA ADMINISTRATOR NUMBER

9. ENGINEER	MAIL ADDRESS	CITY/STATE/ZIP	PHONE	FAX	EMAIL
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10. USE OF STRUCTURE

12. CLASS OF WORK:  NEW  ALTERATION  REPAIR  ADDITION

13. FIXTURES/EQUIPMENT	NO.	EACH	PERMIT FEE (OFFICE)
SWITCH			
TOTAL			
RECEPTACLE			
TOTAL			
LIGHT			
TOTAL			
FIXTURES			
AMOUNT			
TOTAL SQ. FT.			
ELECTRICAL EQUIPMENT			

11. DESCRIBE WORK:

CONDITIONS (OFFICE)

### NOTICE

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A 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. I AGREE THAT THE WORK WILL BE DESCRIBED ABOVE PER THE APPROVED PLANS, SPECIFICATIONS, AND CONDITIONS FURTHER SET FORTH BY THE BUILDING DEPARTMENT.

EXPRESS PERMIT

THE UNDERSIGNED, HAVE READ THE EXPRESS PERMITTING PROCEDURE AND AM AWARE OF THE RISKS AND RESPONSIBILITIES INVOLVED, SPECIFICALLY, I RECOGNIZE THAT I MUST MAKE APPLICATION AND THAT THE ELECTRICAL WORK MUST BE INSPECTED AND MEET THE REQUIREMENTS OF THE ELECTRICAL CODE AS ADOPTED AND AMENDED BY THE CITY OF FAIRBANKS.

PRINT NAME	DATE
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SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT	DATE
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SIGNATURE OF OWNER (IF OWNER BUILDER)	DATE
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APPROVED FOR ISSUE BY:

DATE:

	SUBTOTAL	
	PLAN CHECK FEE	
	PERMIT FEE	
	TOTAL FEE	