



Building Inspection Division
 409 South Main Street
 Harrisonburg VA 22801-7531
 Telephone: 432-7700
 Fax: 540-432-7777

ELECTRICAL PERMIT APPLICATION

Property Owner: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Telephone No: _____

Location of Work: _____

(House No. and Street Name)

New Residential: Yes No

Service is Serving: Residential Commercial

Location, Type and Size of Service:

Underground Aboveground

Type of Service: New Service Service Upgrade

Phase: Single Three

Voltage: 120/208 120/240 277/480

Service Up-grade (Amps):

Current: _____ Proposed: _____

List Full Ampacity of Main Panel at Each Meter Location:

Number of Meters _____ Number of Disconnects _____

Number of Each

Switches _____ Receptacles _____ Ceiling Lights _____

List Number of Each and Size

Heat Pump # _____, _____ tons. A/C Unit # _____, _____ tons

Date _____

Applicant Signature: _____

Electrical Permit No: _____

Master Building Permit No: _____

DPOR Registration Number: _____

License Class: _____

Harrisonburg Business License Number: _____

Contracted by _____ Performed by _____ Supervised by _____

Workers Name _____

Workers Mailing Address _____

City: _____ State: _____

Zip Code: _____ Telephone No: _____

Bond Current Yes No

Type of Work to be Done

New Repair Addition Improvement

Brief Description and Remarks:

Type of Heat

Gas Oil Electric Heat Pump

Number of Each

Water Heater(s) _____ Boilers _____ Furnaces _____

Roof Top Unit(s) _____ Oven(s) _____ Range(s) _____

Space Heater(s) _____ Grill(s) _____ Dryer(s) _____

Unit Heater(s) _____ Range Hood(s) _____

Refrigeration System(s) _____

Estimated Total Value of Construction (including materials and labor): \$ _____

Fee: \$ _____ State Levy: \$ _____

Total Fee: \$ _____

Building Division Signature: _____
