Permit Number: _____

City of Clearwater
129 E. Ross
PO Box 453
Clearwater, KS 67026 T: (620) 584-2311 F: (620) 584-3119 Receipt Number:_____

Wichita-Sedgwick County

Metropolitan Area Building and Construction Department

City Hall, 7th Floor - 455 N. Main - Wichita, KS 67202 T: (316) 268-4413 F: (316) 268-4663
1144 S. Seneca - Wichita, KS 67213-4443 T: (316) 660-1840 F: (316) 383-7502

Electrical Permit Application

Occupancy Types: ☐ Single Family ☐ Multi-Family ☐ Business ☐ Medical/Dental Office ☐ Hospital

Type of Work: ☐ New ☐ Addition ☐ Repair Remodel ☐ Tenant Finish ☐ Basement Finish ☐ Hot Tub/Spa ☐ Swimming Pool

Street Address **BLDG** **Suite** **Zip Code** **Secondary Address**

Project **General Contractor Building Permit Number (if Commercial)**

Contractor **License Number**

Business Address **Telephone Number**

COMPLETE ALL ITEMS WHERE APPLICABLE

		AUTHORIZED WORK		QTY	EA	FEE
CIRCUITS	1	120 volt Circuit			$ 2.00	
	2	277 volt Circuit			$ 2.00	
HEATING APPLIANCES	3	Heating Appliance less than 4500 watt			$ 3.00	
	4	Range or Heat Device 4500 watt or over			$ 8.00	
	5	Clothes Dryer			$ 8.00	
SPECIAL CIRCUITS AND ADDITIONS	6	Feeder			$ 9.00	
	7	Hot tub / Sauna or Jacuzzi			$ 14.00	
	8	Special Power Circuit			$ 9.00	
	9	Generator			$ 9.00	
	10	Sign Per Circuit			$ 7.00	
	11	Outlets Added to Existing Circuit			$ 0.75	
	12	Smoke Detectors			$ 0.75	
FIXTURES	13	Light Fixture or Lampholding Device (also retrofits of fixtures)			$ 0.75	
MOTORS AND AIR COND.	14	1 HP or less			$ 5.00	
	15	Over 1 HP			$ 7.00	
	16	Water Well Motor			$ 7.00	
SERVICE (New/Change)	17a	480 volts or less	Per Meter (100 Amps or less)		$ 11.00	
	17b		Each Additional Amp		$ 0.06	
	18	Over 480 volts	Each Service Entrance		$ 71.00	
	19	Construction Service (480 volts or less)			$ 14.00	
	20	Construction Service (Over 480 volts)			$ 28.00	
MISCELLANEOUS	21	Re-Inspection of discount. service (meter reset - only one meter per permit)			$ 11.00	
	22	Transformer			$ 11.00	
	23	Miscellaneous			$ 14.00	
		Investigation Fee				
		Permit Issuance Fee		1	$ 25.00	$ 25.00
					Total	

Applicant's Signature **Date**

MABCD Form #2 Revised 9/9/2014