



# JASPER COUNTY BUILDING DEPARTMENT

115 N. 2<sup>nd</sup> Ave. E., Rm. B-3

Newton, IA 50208

OFF (641) 792-3084 • FAX (641) 792-5700

## Electrical Permit Application

No permit will be issued unless all required information is printed legibly

Electrician/ Contractor's Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Iowa State License #(s) \_\_\_\_\_

What Electric Utility Company serves this address? \_\_\_\_\_

Utility Customers (Property Owner's) Name: \_\_\_\_\_

Service Address: Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

SERVICE VOLTAGE:  120/208 VOLT (3 WIRE)  120/208 VOLT (4 WIRE)  
 120/240 VOLT (3 WIRE)  120/240 VOLT (4 WIRE)  
 120 VOLT (2 WIRE)  277/480 VOLT (4 WIRE)  
 240 VOLT (3 WIRE NON-STANDARD)  
 480 VOLT (3 WIRE NON-STANDARD)  
 OTHER \_\_\_\_\_

SERVICE SIZE:  100 AMPS  800 AMPS  
 200 AMPS  1000 AMPS  
 400 AMPS  1200 AMPS  
 600 AMPS  OTHER \_\_\_\_\_

SERVICE LOCATION:  OVERHEAD  UNDERGROUND

SERVICE TYPE:  RESIDENTIAL  COMMERCIAL

TEMP  EXISTING/REWIRE  NEW  UTILITY TURN-ON

# of Feeder circuits \_\_\_\_\_ # of branch circuits \_\_\_\_\_

**List every person, other than the applicant, that will be working on the electrical installation covered by this application at the listed service address.**

Name:	Iowa License #
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

**Attest and Acknowledge:** *I, the undersigned applicant, do attest that all of the information given in this application is true and accurate and acknowledge that I am responsible for all information presented herein and for all electrical installations covered by any permit(s) issued pursuant to this application.*

Applicant's Signature: \_\_\_\_\_

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

***There is no separate electrical permit fee for electrical work done in conjunction with a general building permit for remodeling or new construction.***