



JASPER COUNTY BUILDING DEPARTMENT

115 N. 2nd Ave. E., Room 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 _____

Figure Your Permit Fee:

Item	# of items	fee/item	sub-total
0-100 amp service	_____	X \$25.00	_____
101- 200 amp service	_____	X \$35.00	_____
Each additional 100 amps	_____	X \$20.00	_____
Feeder/Branch Circuits	_____	X \$5.00	_____
		Total	_____

(Make check payable to the JASPER CO. TREAS.)

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: _____