



**Building Department**  
 21630 11th Avenue South, Suite D  
 Des Moines, WA 98198  
 ph. (206) 870-7576 fax (206) 870-6544  
 www.desmoineswa.gov

## Commercial Electrical Permit Application

Project Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Multi-Family Complex? Provide Name and Building Number/Letter: \_\_\_\_\_  
 Commercial Building? Provide Name and Building Number/Letter: \_\_\_\_\_

Please mark all that apply:

- Low Voltage                       One Temporary Service, 0 - 200amps                       Tower Crane  
 Line Voltage                       Multiple Temporary Service/Job trailer

Under 30 amps added load?      Yes      No

Valuation \_\_\_\_\_ Note: Permit fees for all commercial projects are valuation based. Please provide a copy of your bid.

<b>Building Owner</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ Email: _____	<b>Electrical Contractor</b> Name: _____ WA Lic. # _____ Des Moines ID# _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____
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Scope of Work: \_\_\_\_\_

Fee Type	Fee Amount	Total per line
Commercial Valuation Fee from Table	show table	
Plan Review Fee from Table	show table	
Temp Service ONLY (Flat fee plus Automation fee)	\$75.00	
Multiple Temp Service/Job trailer ONLY (Flat fee plus Automation fee)	\$250.00	
Tower Crane (Flat fee plus Automation fee)	\$500.00	
Automation Fee (Required)	\$25.00	
<b>Total Fees</b>		

\*\*\*Please note that projects with more than 30 amps added load require plan review\*\*\*

A complete submittal for plan review requires the following items:

1. A completed and signed Electrical Permit application
2. Two sets of plans containing the following information:
  - a) Floor plans showing the location of all outlets (receptacles, switches, lighting, etc)
  - b) Appliance and equipment locations
  - c) Load calculations for the service, feeders, and added loads
  - d) Switchboard and panel schedules
  - e) Switching diagrams
  - f) A complete riser and one line diagram showing all conduit and wire sizes as well as all grounding.
  - g) Fault Current calculations and the listed interrupting rating of all feeder and service equipment.

Applicant:     Owner     Owner's Agent     Contractor     Contractor's Agent

I hereby certify that I have read and examined this application and know the same to be true and correct, and agree to comply with City ordinances and State laws regulating the performance of construction. I certify that I am either the owner of the property described on this permit application, the Washington State licensed Electrical Contractor responsible for the work, or I represent the owner or contractor as signified above, and am acting with the owner's/contractor's full knowledge or consent.

Print name of Applicant \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

*Application expires one year from date of issuance  
Or last inspection*

Permit Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_