

Manual Entry Form for Electrical Permit

State Fire Marshal Division Electrical Bureau 215 E 7th Street, Des Moines IA 50319 1-866-923-1082 Fax (515) 725-6151

For credit/debit card purchase go to iowaelectrical.gov

For purchase by check, money order, or cashier's check, fill out this form.

Fill out the following information to create your permit. Please keep copy for your records and send us the original.

- * <u>Refund of permit/inspection fees:</u> Request for refunds of unused permit/inspection fees should be sent to: State Fire Marshal Division/Electrical Bureau. Unless approved by the chief electrical inspector, refund requests for amounts of \$25 or less, or for fees that were paid more than one (1) year from the date of the purchase will not be refunded.
- **<u>Note:</u> Homeowner accounts are for homeowners who wish to perform electrical work on an existing home they both own and live in.
- ** NEW HOMES MUST BE WIRED BY A LICENSED ELECTRICAL CONTRACTOR. **

Are you a: Homeowner: Farmer: Contractor:	Your Mailing Address:
First Name:	
Last Name:	
Phone:	
E-Mail (If available):	
State Contractor Electrical License Number (If application Permit Information	ole):
Project Title:	
Project Address:	
City:	
Postal Code:	
County:	
Project Type: New Addition Renovation	Doesn't involve a structure
Utility Company Servicing Property:	
Utility Company Phone Number:	
Project Description:	

**First/Last Name	Project Title:	
Electrical Service Fees:		
For new services, changes of services, temporary services secondary services, the fees are as follows:	es, additions, alterations, or repairs o	n either primary or
• Electrical Commission (a) 0. 100 cmm metad	x \$25.00	=
• Electrical Service(s) 101-200amp rated	x \$35.00	=
	x \$20.00	=
Branch Circuit and Feeders: **Minimum of 1 with	Electrical Service – 0 with no servi	ce**
Number of Branch Circuits or Feeders	x \$5.00 each	=
<u>Inspections Requested:</u> (Minimum of one with every	y permit)	
If you need help determining how many inspections you Electrical Inspector Supervisor. Call 1-866-923-1082 to	• • • •	ontact your State
Number of Inspections Requested	x \$25.00	=
Field Irrigation Systems:		
If this project includes the installation of a Field Irrigation inspection cost per system is \$60.00	on System, please specify the quantit	y below. The
Number of Field Irrigation Systems	x \$60.00	=
TOTAL COST OF ELECTRICAL PERMIT: Electrical permit must be purchased by either Personal of Make Payment to: Electrical Examining Board (EEB)		= No Cash).
Inspection Request Information:		
 Please fill out the following information so that we can Note, the inspector has 3 business days from the inspection. If you schedule an inspection further date requested if possible. The inspector will coinspection. 	e date of receipt of inspection request, out then 3 days, the inspection will be	be performed on the
Contact Phone # (for scheduling, etc):	alternate phone #	
Notes to Inspector:		

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