



1245 W Hwy 96 * Arden Hills MN 55112
 Phone 651.792.7800 * Fax 651.634.5137
 Email: CD@cityofardenhills.org

Permit # 2017-_____

ELECTRICAL INSPECTION/PERMIT

Licensing Requirements:

Residential contractors must provide a copy of their current state license, or Owner Affidavit

Pete Tokle – Electrical Inspector – to schedule go to tokleinspections.com or call: 763-754-2983 (M-F 7-8:30 a.m. only)

Property Information

Rough-In Inspection Required? <input type="checkbox"/> Yes <i>Homeowner Must Schedule All Rough-In Inspections</i>	Other Than Rough-In or Final Inspection: <input type="checkbox"/> Ready Now <i>Homeowner Must Schedule All Final Inspections</i> <input type="checkbox"/> Will Schedule
Property Address:	Bldg./Suite/Location (commercial projects only):
Owner Name:	Owner Telephone Number(s) – Include Area Code(s) Home Work Cell
Mailing Address:	City: State: Zip:
Owner e-mail Address:	Electrical Utility:
Owner Signature - by signing this document, I certify that I am the owner as defined by MN Statute Section 326.01 and will legally perform the electrical work.	

Applicant/Contractor Information

Company Name (contractors only):	Contractor; License No.
Contact Name:	Company Email Address:
Mailing Address:	City: State: Zip:
Contact Person at Shop:	Contractor Phone Number(s) – Include Area Code(s)
Contact Person at Job Site:	Contact Phone Number:
Authorized Signature of Contractor Performing Work:	Contact Cell:
	Contact Fax Number:

Property Use	Construction Type	Type of Work		
<input type="checkbox"/> Commercial <input type="checkbox"/> Public <input type="checkbox"/> Single family	<input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Saver's Switch	<input type="checkbox"/> Addition <input type="checkbox"/> Basement <input type="checkbox"/> Bathroom <input type="checkbox"/> Family room	<input type="checkbox"/> Garage <input type="checkbox"/> Home <input type="checkbox"/> HVAC <input type="checkbox"/> Kitchen	<input type="checkbox"/> Media Room <input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Other***

Project Details

Describe Work:

Fee Calculation *The fee is the greater of A or B – not both.*

Section A – Service Calculation

Residential Service Change \$100. Sub panel \$40 Includes 1 inspection and reconnection of existing circuits only. Any added/extended/reworked circuits are extra per fee schedule New or Repair Service/Power Supply 0 –300 amp @ \$50 400 amp @ \$58 Add \$14 for every additional 100 amps.	Feeders/Circuits 0 to 30 amp @ \$8 31 to 100 amp @ \$10 101-200 amp @ \$15 201-300 amp @ \$20 301-400 amp @ \$25 Add \$5 for each additional 100 amps.
Transformers and generators 1-10KVA @ \$10 11-75KVA @ \$40 76KVA to 299KVA @ \$60 Over 299KVA @ \$150	Apartment Buildings \$70 per unit Does not include the service, unit feeders or house panels.
-Over-	
Retro fit lighting \$.65 cents per fixture	Traffic signals \$7 per standard

<i>Ballast and lamps only. New fixtures are per circuit fee</i>		Street lights and Lot Lights \$4 per pole	
Swimming Pools \$80 plus circuit fee (includes 2 inspections)		Remote control or Signal wiring \$.75 cents per device	
Re-inspection Fees Re-inspection fee is in addition to all other fees (\$40)		TOTAL FOR SECTION A	

**Residential Maximum fee is \$175 for 3 trips for services of 200 amps or less. Single trip with no more than 5 circuits is \$40
No maximum if the service is larger than 200 amps.**

Section B – Trip Calculation

** Minimum fee is \$40.00 per trip	Total # of trips _____ X \$40	
TOTAL FOR SECTION B		

<p>Requests for Electrical Inspection (REI) with a fee of \$250 or less expire 12 months from the filing date. The owner must have the work completed within the 12 month period or submit another REI that includes the inspection fee for the uncompleted work. Inspection fees do not carry over from one REI to another. A service charge of \$35 will be added for all dishonored checks</p>	Fees	<i>Greater amount between Section A or B</i>	\$	
		<i>State Surcharge</i>	\$ 1.00	
		TOTAL PERMIT FEE ▶ (Min. Permit Fee \$40 + surcharge)		\$

For Office Use Only

I hereby certify that I inspected the electrical installation herein on the dates stated: Rough-In Inspection(s) _____ Date _____	Date Paid _____
Final Inspection _____ Date _____	Receipt # _____