

APPLICATION FOR ELECTRICAL PERMIT - RESIDENTIAL NONRESIDENTIAL

Inspection Bureau, Inc., Suite 125W, 250 W. Court Street, Cincinnati, OH 45202, Phone 381-6080 Fax 381-6123

Application No. _____

IBI Terr. No. _____

Type Work _____

A. Applicant acknowledges and agrees that: Inspection Bureau, Inc. (IBI) is performing a governmental function in conducting an electrical safety inspection and/or plan review, the sole purpose of which is to determine that this installation complies with the National Electrical Code (NEC) and the Ohio Building Code (OBC) provisions as applicable to electrical installations. Applicant acknowledges and agrees that Inspection Bureau, Inc. (IBI) is performing a governmental function on behalf of a governmental entity by conducting an electrical safety inspection and/or plan review. The electrical safety inspection and/or plan review provided by IBI is solely for the benefit of the general public to promote public safety and is not for the benefit of, and is not to be relied on for any purpose by, any specific person or entity.

Applicant agrees to pay IBI the appropriate fee as per the current fee schedule. Applicant agrees that all fees must be paid prior to issuance of a meter release. It is Applicant's responsibility to notify (IBI) when the job is ready for an inspection. Progress inspections are only preliminary assessments, relate only to specific issues involved in the inspection process, and do not determine whether an electrical installation complies with the NEC or OBC at the time of the progress inspection or will eventually comply upon completion. Applicant assumes all responsibility for the installation.

This permit will be rescinded unless an inspection is scheduled within 6 months from the date of issue or date of the last inspection.

Enter Building Permit No. _____ Signed **X** _____ Job # _____

B.	Name	Address	Municipality	State	Zip	Phone Number
Job	Enter the job address or the property to be inspected →					
Owner						
Applicant						

C. Work Description: _____ E-mail: _____

D. Select only one of the categories below and "check" all applicable items in that category.

HVAC, Signs, Low Voltage, Pools	
Added Appliances or Motors Only (AA)	<input type="checkbox"/>
Heating Only (HO)	<input type="checkbox"/>
Air Conditioning Only (AO)	<input type="checkbox"/>
Heating and Cooling Only (HA)	<input type="checkbox"/>
Signs, Neon, Billboard Only (SI/BB)	<input type="checkbox"/>
Low Energy Wiring Only (LE)	<input type="checkbox"/>
Swimming Pool Only (PO)	<input type="checkbox"/>

Premises Wiring	
1) New Construction (NC)	<input type="checkbox"/>
or	
2) Service Entrance (SE)	<input type="checkbox"/>
or	
3) Added Wiring (AW)	<input type="checkbox"/>
or	
4) Serv. Ent. & Add'l Wiring (SW)	<input type="checkbox"/>
and	
Field Consultation (FC)	<input type="checkbox"/>
and	
Fire Alarm (LE)	<input type="checkbox"/>
and	
Construction Temporary (CT)	<input type="checkbox"/>

Special Inspections	
Plan Exam (PE)	<input type="checkbox"/>
Field Consultation Only (FC)	<input type="checkbox"/>
Survey: circle one Total (TS), Defined Area (DS), Service (SS)	<input type="checkbox"/>
Outdoor Events (AW)	<input type="checkbox"/>
Detached Misc. (DM)	<input type="checkbox"/>
Mobile or Manufactured Home (MH)	<input type="checkbox"/>
Phone Booth/Stand (PB)	<input type="checkbox"/>

E. ELECTRICAL WORK (Complete All Applicable Items)

Service Information

E1. Const. Temp. Serv. Cond. (OH) _____ or Lateral (UG) _____
 ___Ø No. Sets _____ Size _____ Amps _____
 ___Ø Serv. Sw _____ No. Meters _____ Volts _____

E2. Perm. Service: Serv. Cond (OH) _____ or Lateral (UG) _____
 1Ø No. Sets _____ Size _____ Amps _____
 1Ø Serv. Sw _____ No. Meters _____ Volts _____
 3Ø No. Sets _____ Size _____ Amps _____
 3Ø Serv. Sw _____ No. Meters _____ Volts _____
 Estimated Fault Current at Service Line Terminals _____

E3. Complete this section as applicable.

No. 1Ø Motors _____ Tot. HP _____	No. 3Ø Motors _____ Tot. HP _____
No. 1Ø Tranfrms _____ Size _____	Sec. Amp _____
No. 3Ø Tranfrms _____ Size _____	Sec. Amp _____
No. Feeders _____ Size _____	Tot. Amp _____
No. Circuits _____	No. Elec. Heaters _____ Tot. KW _____
No. Signs _____ Volts _____	KVA _____
Other Equipment: Tot. HP _____	Tot. KW _____
_____	_____
_____	_____
_____	_____

E4. Complete this section for RESIDENTIAL ONLY

Wiring	No. Circuits	Wire Size
Lighting		
Sm. Appliances		
Washer		
Dishwasher		
Disposal		
Water Heater		
Range		
Ovens		
Dryers		
Elec. Furn.		
Blo. Mtr.		
Air Cond. Unit		

F. ESTIMATED FEE _____ **Date of Application** _____

Amt. received \$ _____

or charge account