



CITY OF RICHMOND

Department of Codes, Planning, Safety & Risk Management

239 West Main Street, Richmond, KY 40475

Telephone: (859) 625-6404 Fax: (859) 625-6401

www.buildrichmondky.com

Internal Use Only:
Finance Code: Electrical

Fee: _____

Approved: _____

Commercial Electrical Permit Application

Only a licensed Electrical Contractor may apply for and obtain this permit. All information must be accurate and legible; in order for this application to be considered for issuance of a permit you must have a City of Richmond business license, copy of insurance, and pay the total amount due for this permit. Online submission is also possible on www.buildrichmondky.com

Site/Building Information

Address of project:	Lot:	Zone:
Detailed Description of Work:		
Please select the type of work to be completed: (Fees include all trips and temporary service)		
Light Commercial (cost of contract up to \$50,000):		Heavy Commercial/Industrial (cost of contract \$50,000 and over):
<input type="checkbox"/> 200 AMP Service - \$150	<input type="checkbox"/> 800 AMP Service - \$400	Please provide cost of contract: _____
<input type="checkbox"/> 400 AMP Service - \$200	<input type="checkbox"/> 1000 AMP Service - \$500	\$50,000 to \$1,000,000 .01 times the cost of contract
<input type="checkbox"/> 600 AMP Service - \$300	<input type="checkbox"/> 1200 AMP Service - \$600	\$1,000,001 and over .0075 times the cost of contract
<input type="checkbox"/> Apartments: \$125/unit. No. of Units: _____	<input type="checkbox"/> Low Voltage/Data Installation - \$150	
<input type="checkbox"/> Additions/Swimming Pools/Rewires/Service Panels - \$150	<input type="checkbox"/> Signs/Pump Stations/Garages/Outbuildings - \$100	
<input type="checkbox"/> Service Changes/Mobile Homes/Barns - \$75	<input type="checkbox"/> Misc/Temporary Pole/Service off for over a year - \$50	

Applicant Information

Name:	Preferred Contact Method: <input type="checkbox"/> Phone <input type="checkbox"/> Email
Phone Number (required):	Email (required):

Property Owner Information

Name:	
Address:	
Phone Number:	Email:

Electrical Contractor Information

Business Name:	
Address:	
Phone Number:	Email:
City of Richmond Business License Number (required):	State Issued License Numbers: ME: _____ CE: _____

I hereby apply for an Electrical Permit and acknowledge that the information above is complete and accurate; **I understand that this is not a permit, and the submission of this application does not constitute approval of any work.** I understand that false statements, errors, and/or omissions may be sufficient cause for denial or revocation of the permit. Issued permits become void if work does not begin within 180 days or is suspended at any time for over 180 days. *Application is not valid unless signed.*

Applicant Signature: _____ **Date:** _____

Applicant Printed Name: _____