

ELECTRICAL PERMIT APPLICATION

City of Berea, Kentucky
Department of Codes & Planning
212 Chestnut Street, Berea, KY 40403
Phone: (859) 986-8528 Fax: (859) 986-7657

Only the Electrical Contractor may obtain this Electrical Permit. Please place the sticker in a conspicuous place.

Physical address of property: # _____ Street _____

Subdivision: _____ Lot # _____

Name of property owner (print) _____

Contractor's Company Name _____ Phone # (_____) _____

Name of Electrical Contractor (print) _____

Contractor address _____ E-mail _____

Check the following as appropriate: () Home owner () Affidavit on File

AFFIDAVIT OF ASSURANCES: Pursuant to KRS 198B.060(10), all contractors/subcontractors employed or that will be employed on any activity under the project referenced herein shall be in compliance with the Commonwealth of Kentucky requirements for Workers Compensation Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341.) By signing this document and including license numbers you are affirming your acceptance of this requirement.

CONTRACTOR LICENSE # _____

MASTER LICENSE # _____

RESIDENTIAL: SINGLE FAMILY

Value: \$ _____

100 AMP SERVICE _____ @ \$135.00 _____
200 AMP SERVICE _____ @ \$150.00 _____
400 AMP SERVICE _____ @ \$200.00 _____

RESIDENTIAL: DUPLEX & MULTI-FAMILY

Value: \$ _____

DUPLEX (\$125 PER UNIT) # OF UNITS _____ @ \$125.00 _____
MULTI-FAMILY (\$125 PER UNIT) # OF UNITS _____ @ \$125.00 _____

COMMERCIAL: (LESS THAN \$50,000)

Value: \$ _____

COMMERCIAL 200 AMP SERVICE _____ @ \$175.00 _____
COMMERCIAL 400 AMP SERVICE _____ @ \$320.00 _____
COMMERCIAL 600 AMP SERVICE _____ @ \$450.00 _____
COMMERCIAL 800 AMP SERVICE _____ @ \$560.00 _____
COMMERCIAL 1000 AMP SERVICE _____ @ \$650.00 _____
COMMERCIAL (NO NEW SERVICE) _____ @ \$175.00 _____

COMMERCIAL CONTRACTS:

Contract Amount: \$ _____

\$50,001 TO \$200,000 CONTRACT AMOUNT X .010** _____ @ .010 _____
\$200,001 TO \$400,000 CONTRACT AMOUNT X .009** _____ @ .009 _____
\$400,001 AND OVER CONTRACT AMOUNT X .008** _____ @ .008 _____

** DOES NOT INCLUDE ANY SPECIAL LIGHTING FIXTURES**

OTHER SERVICES:

Value: \$ _____

TRIP CHARGE OR RE-INSPECTION _____ @ \$75.00 _____
TEMPORARY SERVICE _____ @ \$50.00 _____
SERVICE CHANGE _____ @ \$75.00 _____
MOBILE HOME SERVICE _____ @ \$100.00 _____
BARNs, GARAGES, OUTBUILDINGS, PUMP STATIONS _____ @ \$100.00 _____
SWIMMING POOLS, ADDITIONS (2 TRIPS) _____ @ \$150.00 _____
SIGNS _____ @ \$75.00 _____

TOTAL \$ _____

Electrician's signature _____ Date _____