

Electrical Permit Application
Smyrna Department of Building Safety
315 S Lowry St, Smyrna TN 37167
615-355-5704

Email this form to: permits@townofsmyrna.org

A **NON RESIDENTIAL** electric permit is hereby requested for:

Business (Project) Name: _____ Date: ____/____/20____

Business (Project) Address: _____ Project Amount: \$ _____

Scope of Work: _____

(Choose the amperage, then mark the number & type of inspections you need.)

<u>Rough-In Inspection</u>	<i>Quantity</i>		<i>Total</i>
Any Rough-In Inspection	_____ x	\$50.00 =	\$ _____
Temporary Poles & Service Releases (must indicate if TP or SR)			
1-200 Amp	_____ x	\$50.00 =	\$ _____
201-400 Amp	_____ x	\$60.00 =	\$ _____
401-600 Amp	_____ x	\$70.00 =	\$ _____
601-1000 Amp	_____ x	\$100.00 =	\$ _____
>1000 Amp	_____ x	\$350.00 =	\$ _____
Final Inspection (only 1 is allowed per permit)			
1-200 Amp	_____ x	\$40.00 =	\$ _____
201-400 Amp	_____ x	\$50.00 =	\$ _____
401-600 Amp	_____ x	\$55.00 =	\$ _____
601-1000 Amp	_____ x	\$100.00 =	\$ _____
>1000 Amp	_____ x	\$400.00 =	\$ _____
Other Inspections			
HVAC-R	_____ x	\$50/unit =	\$ _____
VAV Boxes	_____ x	\$35+\$5/VAV =	\$ _____
Sign	_____ x	\$50.00 =	\$ _____
Miscellaneous _____	_____ x	\$50.00 =	\$ _____

Technology Fee \$20 per permit

GRAND TOTAL: \$ _____

Contractor Name: _____ License Type: _____ License #: _____

Contractor Address: _____ Contractor City/State/Zip _____

Contractor Phone: _____ Contractor Email: _____

My signature below represents that I am the responsible party for any electrical work done under this permit; and furthermore, I agree to abide by any and all of the Town of Smyrna's adopted codes and ordinances.

Contractor Signature: _____

Date: ____/____/20____