

ST. JOSEPH COUNTY/SOUTH BEND BUILDING DEPARTMENT
 125 S. LAFAYETTE BLVD. SUITE 100
 SOUTH BEND, INDIANA 46601
 Phone: 574-235-9554/Fax: 574-235-5541

PAYMENT:
 CHECK # _____
 CARD *WE DO NOT ACCEPT AMERICAN EXPRESS
 CASH *EXACT PAYMENT MAY BE REQUIRED IF WE ARE UNABLE TO MAKE CHANGE FOR CASH PAYMENTS

APPLICATION FOR ELECTRICAL PERMIT

PERMIT #: BD _____	DATE: _____
PROPERTY ADDRESS: _____	
OWNER NAME: _____	PHONE: _____
MAILING ADDRESS: _____	

PLEASE COMPLETE THE CHART BELOW, NOTING THE QUANTITY OF EACH ITEM ON THE LEFT, AND CALCULATING THE FEES ON THE RIGHT. FIND OUR FEE SCHEDULE AT THE LINK BELOW:
<https://southbendin.gov/wp-content/uploads/2018/07/Fee-Schedule-2020.pdf>

Qty.	Description	Amount	Fees Owed
	Temporary Services (All Amperages)		
	Switchboards & Panel Boards (Sub Panels)(new & Replaced)		
	60 amp. _____		
	100 amp. _____		
	200 amp. _____		
	400 amp. _____		
	600 amp. _____		
	Over 600 amp. Up to 2,000 amp. _____		
	Over 2,000 amp. _____		
	Circuits, each (new and replaced)		
	Horsepower (machinery) Total hp _____		
	Back-up Generator: 10 Kv or less _____ Over 10 Kv _____		
	Pool wiring and/or bonding		
	Repair, extension, and/or maintenance of wiring		
	Reset, Relocation, and Reconnection		
	Other: _____		
MINIMUM PERMIT FEE: \$40.00 *See Fee Schedule for breakdown of fees		Total:	

AEP Work Order Number: _____

***IF A SERVICE PROVIDER WILL BE INVOLVED TO CONNECT ELECTRICAL SERVICE, AN ADDITIONAL \$40 RECONNECT FEE WILL BE CHARGED**

It is hereby certified that the work herein called for is in accordance with the provisions of the Electrical Codes of St. Joseph County and the City of South Bend, Indiana.

Electrical Contractor: _____
 (Please list Company Name, how reistered within our jurisdiction)

Phone Number: _____

Email Address: _____