



A Part of History A Place to Call Home

VILLAGE of VALLEY VIEW

BUILDING DEPARTMENT

APPLICATION FOR ELECTRICAL PERMIT

Date of Application: _____

Property Owner: _____

Job Address: _____

Property Owner's Phone #: (____) _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Phone #: (____) _____

Description of work to be performed: _____

(PERMIT WILL INCLUDE ONLY SUCH WORK AS INDICATED)

ESTIMATED JOB COST: _____

DEVICES TO BE INSTALLED:

MOTORS TO BE INSTALLED:

_____ Luminaires

_____ Outlets

_____ Panels

_____ Switches

MISC: _____

_____ Other

PRINT NAME: _____ PHONE: _____

SIGNATURE: _____

(The Undersigned hereby agrees to contact the Building Department for ALL REQUIRED INSPECTIONS and to comply with all Ordinances of Valley View, Ohio, and the laws of the State of Ohio relating to the work to be done under said permit.)

BUILDING OFFICIAL: _____ AMOUNT: _____