



File # _____

2110 S Broadway, PO Box 805
Oak Grove, Missouri 64075
816.690.3773 • 816.690.8478

ELECTRICAL PERMIT APPLICATION

The City has adopted the
2012 International Codes

Inspections call
(816) 690-3773 Ext. 1007
return applications to:
buildingofficial@cityofoakgrove.com

**FEE CALCULATED
(Minimum \$25)**

Applied date _____ Permit Number _____

Project Address: _____ Lot: _____

Commercial: _____ Residential: _____ Multi-Family # of units _____

New Construction: _____ Remodel: _____ Tenant Finish: _____ Other _____

Service Amps: _____

Scope of Work: _____

PROPERTY OWNER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

APPLICANT INFORMATION

Applicant Name: _____ Company Name: _____

Owner: _____ Contractor: _____ Architect: _____ Engineer: _____ Other: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Business License #: _____

- Application for a permit and payment of proper fees must be made prior to commencement of work or the fee will be 3 times the amount of the permit fee.
- Permits are valid for 180 days and must be posted in visible location.
- It shall be the duty of the person doing the work authorized by a permit to assure that all required inspections are scheduled and approved by the City Inspectors. Furthermore, it shall be the duty of the person requesting the inspection to provide access to and means for inspection of the work. The individual who signs this application assumes all responsibility and liability for all work performed as specified herein. Businesses must obtain a current City of Oak Grove Business License prior to beginning any project.

SEE REVERSE SIDE OF PAGE.

AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Codes adopted by the City of Oak Grove and all applicable ordinances.

Applicant Name Printed: x _____

Applicant Signature: x _____ **Date:** _____

Building Official Printed: x _____

Building Official Signature: x _____ **Date:** _____

FEES

Swimming Pool \$25.00	100/200 Amp Service \$25.00
400 Amp Service \$35.00	800 Amp Service \$45.00
Any Service Over 800 Amps \$55.00	Total Number of Services
	Total Fee