



Homeowner Electrical Permit Application

Phone: 763-433-9850
Fax: 763-433-9848

Schedule Inspections at tokleinspections.com or call 763-754-2983 from 7:00–8:30 AM

Date	Rough-In Inspection Required? No ____ Yes ____ Homeowner Must Schedule All Rough-In Inspections	Other Than Rough-In or Final Inspection Ready Now____ or Date Ready_____ Homeowner Must Schedule All Final Inspections Will Schedule__		
Owner's Name Owner Telephone Number(s) – Include Area Code(s) Home Work Cell		Project Description		
Owner Address - Street		City	State	Zip
Owner e-mail Address		Electrical Utility		
Owner Signature – by signing this document, I certify that I am the owner as defined by MN Statute Section 326.01 and will legally perform the electrical work				

Fee Calculation

DESCRIPTION	FEE CALCULATION	FEE TOTALS
Panel Replacement in same location \$100.00, sub panel \$40.00	Ampere \$	
Service/Power Supply 0 – 300 ampere @ \$50.00 400 ampere @ \$58.00		
Feeders/Circuits 0 – 30 amps \$ 8.00 37 – 100 amps \$ 10.00 101 – 200 amps \$ 15.00	Circuits \$	
Swimming Pools plus circuit fee This includes 2 inspections.		
Remodeling, Additions or Basement Finishes This includes up to 10 circuits and 2 inspections.		
Accessory Structures for panel plus \$8.00 per circuit. This includes 2 inspections.		
The minimum fee is \$40.00 per trip	# Trips: X \$40.00 =	
The maximum fee for a home is \$175.00 with a service of 200 amps or less. This includes up to 3 inspections.		
State Surcharge	Required	1.00
The fee is the larger of the fees above or the number of inspection trips x \$40.00		
FEE TOTAL		\$

Requests for Electrical Inspection (REI) with a fee of \$250.00 or less expire 12 months from the filing date. The owner must have the work completed within the 12 month period or submit another REI that includes the inspection fee for the uncompleted work. Inspection fees do not carry over from one REI to another.

A service charge of \$35.00 will be added for all dishonored checks

I hereby certify that I inspected the electrical installation herein on the dates stated: Rough-In Inspection(s) _____ Date _____	For Department Use Only Permit # _____ Date Paid _____ Receipt # _____
Final Inspection _____ Date _____	