

**ELECTRICAL PERMIT APPLICATION
CITY OF CLAWSON
DEPARTMENT OF BUILDING & PLANNING
425 N. MAIN
CLAWSON, MI 48017
248-435-4500 – EXT. 121**

Project Information

Job Address: _____ Suite: _____ Lot: _____

Parcel ID #: _____

Description of work: _____

Fee schedule is on our web site at: cityofclawson.com

Click on: HOME PAGE → DEPARTMENTS → BUILDING & PLANNING → PERMIT APPLICATIONS.

Applicant Information

Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Cont. License #: _____ Federal ID: _____ MESC #: _____

Ins. Carrier (Liability) #: _____ Worker's Comp #: _____

Email: _____

If Contractor is pulling the permit – A certificate of insurance copy must be submitted along with copy of contractor's license & driver's license.

Owner Information:

Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Homeowner Affidavit:

I hereby certify that the electrical work described on this permit application shall be installed by myself in my own home in which I am living or about to occupy. All work shall be installed in accordance with the State of Michigan Electrical Code and shall not be enclosed, covered up or put into operation until it has been inspected and approved. I will cooperate with the Electrical Inspector and assume all responsibility to arrange for necessary inspections.

Section 23a of the state construction code act of 1972, 1972PA 230, MCL 125.1523A, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subject to civil fines.

Note: If an inspection is canceled the day of the inspection, there will be a \$35.00 cancellation fee charged. This fee must be paid before an inspection can be scheduled.

Signature of Applicant: _____ Date: _____

(Owner's signature indicates compliance with Homeowner's Affidavit)