



**City of Valparaiso**  
Department of Building and Code Enforcement  
166 Lincolnway  
Valparaiso, IN 46383  
Phone (219)462-1161 · Fax (219)464-4273 · valpobuilding@valpo.us

Office Use Only	
Permit #:	_____
Date Paid:	_____
Date Called:	_____
Date Submitted:	_____
Date Closed:	_____

## ELECTRICAL PERMIT APPLICATION

The undersigned certifies that the owner of record authorizes the proposed work and that the undersigned has been authorized by the owner to make this application as the authorized agent and agrees to conform to all applicable laws of this jurisdiction.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone # \_\_\_\_\_

Site Address: \_\_\_\_\_ Zoning: \_\_\_\_\_  
Owner/Lessee: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor **MUST** be registered with Valparaiso before the permit will be issued.

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

<b>USE:</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	<b>NATURE OF ELECTRICAL WORK:</b> _____ Electric Service: (check one) <input type="checkbox"/> New _____ Amps <input type="checkbox"/> Temporary <input type="checkbox"/> Upgrade _____ Amps to _____ Amps _____ Electrical Power Distribution System: No. of Services _____ Amps _____ No. of Circuits _____ _____ Meter Inspection for NIPSCO Service _____ Other _____
<b>Cost of Project:</b> \$ _____	

### ASSIGNED FEES - TO BE COMPLETED BY BUILDING COMMISSIONER

Permit Fee: \$ \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Date \_\_\_\_\_  
Inspection Fee: \$ \_\_\_\_\_ Title: \_\_\_\_\_  
Total Fees Due: \$ \_\_\_\_\_