CITY OF VALPARAISO

Department of Building and Code Enforcement
166 Lincolnway
Valparaiso, IN 46383
Phone (219)462-1161 · 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 # _____
Email _____

Site Address:_____ Zoning:_____
Owner/Lessee:_____ Phone:_____
Address:_____ Email:_____

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

Contractor:_____ Phone:_____
Address:_____ Contact Name:_____

USE:
☐ Commercial
☐ Residential

Cost of Project:
$ _____

NATURE OF ELECTRICAL WORK:

☐ Electric Service: (check one) ☐ New _____ Amps ☐ Temporary
☐ Upgrade____ Amps to ____ Amps

For meter bases not attached to building, map with proposed location required

☐ Standby Generator
☐ Meter Inspection for NIPSCO Service
☐ Other (include description)_____

ASSIGNED FEES - TO BE COMPLETED BY BUILDING COMMISSIONER

Permit Fee $_____
Inspection Fee $_____
Total Fees Due $_____

Reviewed By: _____ Date _____
Title:_____