



Application for Electrical Permit

Huron Charter Township

22950 Huron River Drive

New Boston, MI 48164

(734) 753-4466 ext. 143

Property Address: _____

Owner Name: _____ Phone: _____

Contractor Company/Name: _____ Contractor Phone: _____

Contractor Address: _____

- All permits will include a \$50 application fee, unless otherwise noted
- Permits include ONE inspection only, please mark any additional inspections that will be required
- Inspections are completed on Mondays and Wednesdays between the hours of 8:00 a.m. and 12:00 p.m
- Any inspections that are disapproved are subject to a \$50 reinspection fee, paid prior to scheduling the reinspection

Job

Description: _____

Item	Quantity	Amount	Total
Application Fee	1	\$50	
Additional Inspection		\$40	
Special Inspection		\$50	
Service and Subpanels			
100 amp		\$30	
100 – 400 amp		\$40	
Over 400 amp		\$50	
Circuits and Fixtures			
1 st Residential Circuit		\$10	
Additional Residential Circuits		\$7	
1 st 25 Commercial Circuits		\$15 each	
Additional Commercial Circuits Over 25		\$10 each	
Fixtures- Up to 10		\$10	
Fixtures- Every Additional 10		\$3	
Signs			
Sign- 1 st connection		\$15	
Sign- Each Additional Connection		\$5	
Neon- Every 25 ft		\$20	

Swimming Pools			
Above Ground Pool		\$20	
Inground Pool		\$30	
New Construction			
New Home 2,500 sq ft		\$275	
New Home Every Additional 100 sq ft Over 2,500		\$10	
Mobile Home Set Up		\$30	
Heating and Cooling			
Air Conditioner		\$15	
Interruptible Air Conditioner		\$20	
Furnace		\$15	
Humidifier		\$5	
Fire Protection			
Smoke Detectors- each		\$20	
Fire Alarms- each		\$10	
Miscellaneous Items			
Air Cleaner		\$5	
Minor Repairs		\$10	
Power Outlets		\$10	
Temporary Wiring		\$10	

COMPLETE APPLICATION ON BACK SIDE

Electrical work should not be started until the application for permit has been filed with the Township of Huron. All installations shall be in conformance with the Michigan Electrical Code. No work shall be concealed until it has been inspected.

The Township of Huron will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Applicant Signature: _____

Date: _____