



Electrical Permit Application

Intake Date	Tech Initials	Plan Review Waved by	Permit #
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Job Information

Job Address _____ Suite _____ Floor _____

Parcel # _____ Property Owner _____

Project Name (if applicable) _____

Value of the Work (fair market value of labor and materials) \$ _____

Current Building Permit # _____

Occupancy Type

Single Family Residential

Multifamily Residential

Nonresidential

Activity Type

New Structure

Addition to Existing Structure

Alteration to Existing Structure

Repair or Replacement

Electrical Contractor Information

Electrical Contractor _____ Phone _____

Address _____ City, State, Zip _____

Contractor's State License # _____

Contractor's Bellevue Business License # (Required. Please call the Tax Office at 425-452-6851) _____

Contact Person _____ Phone _____

Email Address _____ Fax _____

Description of Electrical Work

(indicate number of fixtures) Refer to Plan Review Requirements.

- | | | |
|---|--|--|
| <input type="checkbox"/> Added or Altered Branch Circuits | <input type="checkbox"/> Ground Rod | <input type="checkbox"/> Sign Circuit |
| <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Small Kitchen Appliance |
| <input type="checkbox"/> Automatic Transfer Switch | <input type="checkbox"/> Heat Strip | <input type="checkbox"/> Smoke Control System |
| <input type="checkbox"/> Carnival or Street Fair | <input type="checkbox"/> Heat Trace | <input type="checkbox"/> Smoke Detectors (Single Family only) |
| <input type="checkbox"/> Clothes Dryer | <input type="checkbox"/> Hood Fan | <input type="checkbox"/> Smoke or Fire Damper |
| <input type="checkbox"/> Clothes Washer | <input type="checkbox"/> HVAC Equipment-Inside | <input type="checkbox"/> Solar Photovoltaic System |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> HVAC Equipment-Outside | <input type="checkbox"/> Subpanel |
| <input type="checkbox"/> Egress Lighting | <input type="checkbox"/> Industrial Equipment | <input type="checkbox"/> Switches |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Light Fixtures | <input type="checkbox"/> Temporary Service (amps = ___) |
| <input type="checkbox"/> Exit Sign | <input type="checkbox"/> Office Furniture | <input type="checkbox"/> Transformer |
| <input type="checkbox"/> Fan | <input type="checkbox"/> Paint Spray Booth | <input type="checkbox"/> Uninterruptable Power Supply |
| <input type="checkbox"/> Feeder | <input type="checkbox"/> Panel (amps = _____) | <input type="checkbox"/> Vehicle Charging Station |
| <input type="checkbox"/> Fire Pump | <input type="checkbox"/> Pool, Hot Tub, Spa or Sauna-Indoor | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Fuel Cell | <input type="checkbox"/> Pool, Hot Tub, Spa or Sauna-Outdoor | <input type="checkbox"/> Welder |
| <input type="checkbox"/> Furnace | <input type="checkbox"/> Pressurization Fan | <input type="checkbox"/> Well Pump |
| <input type="checkbox"/> Garbage Compactor | <input type="checkbox"/> Pump | <input type="checkbox"/> Wind Driven Generator System |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Range or Oven | <input type="checkbox"/> Work in Right of Way |
| <input type="checkbox"/> Gas Pump | <input type="checkbox"/> Receptacles | <input type="checkbox"/> X-Ray Machine |
| <input type="checkbox"/> Gate | <input type="checkbox"/> Resistance Heater | <input type="checkbox"/> Other |
| <input type="checkbox"/> Generator-Inside | <input type="checkbox"/> Service | |
| <input type="checkbox"/> Generator-Outside | <input type="checkbox"/> Service Change (amps = _____) | |
| <input type="checkbox"/> Generator-Upgrade or modify | <input type="checkbox"/> Sewage Pump | |

Description of Low Voltage Electrical Work

(indicate number of fixtures)

For Nonresidential and MTF residential only. Low Voltage permit not required for single family

- | | | |
|--|---|--|
| <input type="checkbox"/> Cable TV or CCTV | <input type="checkbox"/> Intercom & Communication | <input type="checkbox"/> Security System |
| <input type="checkbox"/> Control Wire | <input type="checkbox"/> Landscape Lighting | <input type="checkbox"/> Speaker Wire |
| <input type="checkbox"/> Energy Management | <input type="checkbox"/> Lighting System | <input type="checkbox"/> Telecommunications System |
| <input type="checkbox"/> Irrigation Control System | <input type="checkbox"/> Nurse Call | <input type="checkbox"/> T-Stat or HVAC Control |

I understand this application will expire if not issued within 365 days (BCC 23.05.090(H)).

I hereby certify that I am the owner (or owner's authorized agent) of this property or an appropriately licensed contractor (or the firm's authorized agent) and the installation of the work described will be performed in accordance with all applicable laws & codes, including state contractor registration laws. I understand that failure to comply may result in revocation of any permit from this application.

Signature _____ Date _____

Additional Electrical Selection Criteria

(to be filled out for nonresidential and multifamily residential projects)

Use Type: Assisted Living Boarding Home Correctional/Detention Facility
 Educational Healthcare* All Other Cases

*If Healthcare is picked, what is the facility type? (check only one)

- | | | |
|---|--|---|
| <input type="checkbox"/> Acupuncture Clinic | <input type="checkbox"/> Group Care | <input type="checkbox"/> Outpatient or Ambulatory Surgical Care |
| <input type="checkbox"/> Adult Residential Rehab Center | <input type="checkbox"/> Hospice Care | <input type="checkbox"/> Private Alcoholism Hospital |
| <input type="checkbox"/> Alcoholism Treatment | <input type="checkbox"/> Hospital | <input type="checkbox"/> Private Psychiatric Hospital |
| <input type="checkbox"/> Ambulatory Surgery | <input type="checkbox"/> Maternity Home | <input type="checkbox"/> Renal Hemodialysis Clinic |
| <input type="checkbox"/> Birth Center | <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> Residential Treatment to Psychiatrically Impaired Children |
| <input type="checkbox"/> Chiropractic Clinic | <input type="checkbox"/> Nursing or Long-Term Care | |
| <input type="checkbox"/> Dental Clinic | | |

Does the work include any of the following?

- Adding 100 amps or more to the service or feeder
(excluding temporary services not exceeding 400 amps) Yes No
- Installing/altering 2,500 square feet or more Yes No
- Installing/altering a service or feeder rated 100 amps or more
(excluding temporary services not exceeding 400 amps) Yes No
- Installing/altering equipment/wiring that operates at 600 volts or more Yes No
- Replacing 50% or more of lighting luminaries Yes No
- Work in a hazardous location - per Article 500 NEC Yes No
- Work on electrical systems operating at or over 600 volts Yes No

Does the scope of work meet any of the following criteria?

Lighting specific project with less than 50% of the luminaries being replaced and the electrical load is reduced on each feeder involved in the project. Yes No N/A

Modification to an existing electrical installation where **all** the following conditions are met:

- Service or distribution equipment involved is rated not more than 99 amperes and does not exceed 250 volts;
- Does not involve emergency systems other than listed unit equipment per NEC 700.12(F);
- Does not involve branch circuits or feeders of an essential electrical system as defined in NEC 517.2; and
- Service and feeder load calculations are increased by 5% or less. Yes No N/A

Stand-alone utility-fed service that does not exceed 250 volts, 99 amps where the project's distribution system **does not** include:

- Emergency systems other than listed unit equipment per NEC 700.12(F);
- Critical branch circuits or feeders as defined in NEC 517.2; or
- A required fire pump system. Yes No N/A