CITY OF MANASSAS PARK, VIRGINIA
DEPARTMENT OF BUILDING INSPECTION
INSPECTIONS (703) 335-8815

Permit #_____

Date Issued:_____

Issued By:_____

APPLICATION FOR ELECTRICAL PERMIT

PRINT WITH BALL POINT PEN OR TYPE - ALL COPIES MUST BE LEGIBLE.
PROVIDE ALL DATA AS REQUIRED BELOW. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

(Check Box to Identify Permit Holder:)

[ ] Owner/Leasee _____ Address _____

[ ] Contractor _____ Address _____

State Masters Lic. #_____ Expires ___/___/___ Classification(s)___-___-___-___-___

State Contractors Lic. #_____Class_____ Expires ___/___/___ Classification(s)___-___-___-___-___

(LOCATION OF PROPERTY:)

Subdivision _____ Section _____ Block _____ Landbay _____ Phase _____ Lot _____

Property Address _____

Name of Property Owner _____

Type of Construction:

[ ] Residential [ ]Commercial/Office [ ] Industrial [ ] Public/Institutional

Type of Improvement:

[ ] New [ ] Addition [ ] Alterations/Repair [ ] Tenant Layout [ ] Other

(SERVICE:) [ ] New [ ] Change [ ] Trailer [ ] Temp on pole [ ] Reconnect

Service Size _____	Circuits #_____ New _____ Ext._____	Motors, Less than 5HP # _____
Fixtures # _____	Outside Fixtures # _____	Motors, 5 HP and above #_____
Receptacles # _____	Special Receptacles # _____	Trans., Less than 100 KVA # _____
Range _____	Dishwasher _____	Trans, 100 KVA and above # _____
Disposal _____	Air Conditioner _____	Comm. HVAC # _____ Size _____
Dryer _____	Hot Water _____	Duct Heaters # _____
Post Light _____	Sump Pump _____	Industrial Housing Svc. _____
Well Pump _____	Sewer Pump _____	Signs _____
Furnace	Swimming Pool _____	

Other _____

_____

Single Family Residence Sq. Footage _____ Zoning Approval _____

Total Permit Fee $ _____ (If Necessary)

Receipt # _____ Date Approved _____

Office Use Only

I hereby certify that I have the authority to make the foregoing application, that the information given is correct, and that all construction will comply with the Virginia Uniform Statewide Building Code and applicable ordinances. Permit holder is responsible party for compliance with VUSBC and applicable ordinances. I request that a Certificate of Use and Occupancy be issued upon completion of the work authorized by this permit, provided all other requirements have been satisfied.

Print Name _____ [ ] Contractor [ ] Owner/Leasee [ ] Other _____

Signature _____

OWNER, APPLICANT, OR AUTHORIZED AGENT **DATE** **TELEPHONE**

_____ REVIEWER

Office Use Only

_____ DATE APPROVED

THIS PERMIT DOES NOT INCLUDE MECHANICAL, PLUMBING OR GAS INSTALLATIONS.