



6100 219<sup>th</sup> Street SW, Suite 200  
 Mountlake Terrace, WA 98043  
 Phone 425.744.6267 Fax 425.775.0420  
[PermitSpecialist@ci.mtl.wa.us](mailto:PermitSpecialist@ci.mtl.wa.us)  
[www.cityofmlt.com](http://www.cityofmlt.com)

# ELECTRICAL APPLICATION

Permit# \_\_\_\_\_

**Single-Family Residential**

**Multi-Family**

**Commercial**

Job Site Address \_\_\_\_\_

Description of Work \_\_\_\_\_

### OWNER / AGENT CONTACT INFORMATION

<u>OWNER</u>	
Name _____	
Address _____	
City _____ State ____ Zip ____	
Ph _____ Fax _____	
E-mail _____	
Contact Name _____	
Ph _____ Fax _____	
E-mail _____	

<u>CONTRACTOR</u>	
Name _____	
Address _____	
City _____ State ____ Zip ____	
Ph _____ Fax _____	
E-mail _____	
State Lic. # _____	
City Lic. # _____	

**PROJECT VALUE: \$** \_\_\_\_\_

<u>Commercial / Multi-Family Submittal Requirements:</u>
1. Must submit <u>two sets</u> of electrical plans; to include basic wiring and riser diagrams, load, fault, and heat loss calculations and verifying compliance with Washington State Energy Code Requirements. (Electrical Fault Current Calculation Form)
2. Plan review fee must be submitted with application.

Single-Family Residential Items	Qty
Service: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Repair	
Circuits	
HVAC	
Low Voltage:	
<input type="checkbox"/> Fire Alarm	
<input type="checkbox"/> Security	
<input type="checkbox"/> Telephone/Data/Music	
<input type="checkbox"/> Temperature Control	
<input type="checkbox"/> Other	

**I certify to the best of my knowledge, the information provided on this application is true and correct.**

**Sign**   Owner / Agent \_\_\_\_\_ **Date** \_\_\_\_\_

**Print**   Owner / Agent \_\_\_\_\_ **Date** \_\_\_\_\_

### OFFICE USE ONLY

Received By \_\_\_\_\_ Date \_\_\_\_\_

Plan Check Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_

## Plumbing, Electrical, and Mechanical Permit Fees

### Residential Fees

Alterations to existing residential structures, includes one inspection	\$130
Construction of new single family residential structures, includes three inspections	\$378
Each additional inspection	\$130 per hour

### Commercial Fees

All commercial fees are based on the project value.

Total Valuation	Fee Amount
\$500 or less	\$130
\$500.01 to \$1,000	\$130 + 7.25% of excess over \$500
\$1,000.01 to \$5,000	\$190.60 + 4.74% of excess over \$1,000
\$5,000.01 to \$10,000	\$279.98 + 2.23% of excess over \$5,000
\$10,000.01 to \$25,000	\$390.48 + 1.27% of excess over \$10,000
\$25,000.01 to \$50,000	\$580.98 + 0.83% of excess over \$25,000
\$50,000.01 and over	\$770.98 + 0.44% of excess over \$50,000

**Plan Review Fee = 65% of the Permit Fee**

**NOTE: CHECK WITH SNOHOMISH COUNTY PUD #1 FOR ANY OTHER FEES THAT MAY BE REQUIRED FOR ELECTRICAL SERVICES, NEW, REPAIRED OR CHANGED.**