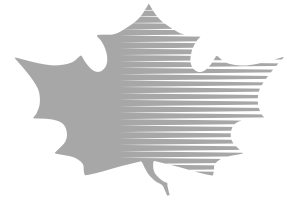


**City of Maple Grove**

12800 ARBOR LAKES PKWY, PO BOX 1180, MAPLE GROVE MN 55311

**Commercial Electrical Permit Application Fax 763-494-6417**



Job Site Address: \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_  
(address must be complete)

**Property Owner**

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ License #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Contractor**

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ License #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_

Permit Type	Type of Work		
<input type="checkbox"/> Commercial	<input type="checkbox"/> New	<input type="checkbox"/> Repair	<input type="checkbox"/> Interior Finish
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Addition	<input type="checkbox"/> Remodel/Alter	
<input type="checkbox"/> Transformer	<input type="checkbox"/> Street Lighting	<input type="checkbox"/> Temporary	<input type="checkbox"/> Pool
<input type="checkbox"/> Signs	<input type="checkbox"/> Alarm Communicator	<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Fire Alarm
<input type="checkbox"/> Carnival	<input type="checkbox"/> Other		

**Specific Description of Work to be Completed**

Empty box for specific description of work to be completed.

Permit becomes void if the work does not begin within 180 days or is suspended at any time for over 180 days. Permits issued and inspections made by the City are a public service and do not constitute any representation, guarantee or warranty, either implied or expressed, to any person as to the condition of the building or conformance to applicable construction codes. The undersigned acknowledges that this application had been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Maple Grove.

Periodic and/or final inspection of this work is required by the Minnesota State Building Code. It is the responsibility of the applicant to call the Maple Grove Inspection Division at 763-494-6060 to schedule an inspection.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

