



City of Brooklyn Center
 Community Development
 6301 Shingle Creek Pkwy, Brooklyn Center, MN 55430-2199
 Ph: (763)569-3300 TTY 711 Fax: (763)569-3360
www.cityofbrooklyncenter.org

Electrical Permit Application

Permit No: _____

Site Address _____ Date of Application: _____

Tenant Name & Contact (For Commercial Only) _____

Applicant is: Contractor Owner

Property Owner	Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Email _____
Electrical Contractor (If none, leave blank)	Company Name _____
	Address _____
	City _____ State _____ Zip Code _____
	Company Phone _____ License No. _____
	Contact Person _____ Email _____

Description of work: _____

Valuation of Work Performed: _____ **Is Job Ready for Final Inspection?** _____ Yes _____ No.

If no, estimated completion date - _____

The undersigned acknowledges that this application has been read and that the above information is correct and agrees to comply with all ordinances, laws and applicable codes of the City of Brooklyn Center and the State of Minnesota.

Applicant Name _____ Signature: _____
 (Please Print)

City Staff Use Only

Permit Sub Type	<input type="checkbox"/> Commercial	<input type="checkbox"/> Hardwire Smoke Detectors	<input type="checkbox"/> Saver Switch
	<input type="checkbox"/> Communication Tower	<input type="checkbox"/> Industrial	<input type="checkbox"/> Schools
Work Type	<input type="checkbox"/> Fireplace	<input type="checkbox"/> Kitchen Appliance	<input type="checkbox"/> Swimming Pools
	<input type="checkbox"/> Furnace/Air Conditioner	<input type="checkbox"/> Multi Family	<input type="checkbox"/> Townhomes
	<input type="checkbox"/> Garage/Shed	<input type="checkbox"/> Public Buildings	<input type="checkbox"/> Undefined
	<input type="checkbox"/> GFCI Outlets	<input type="checkbox"/> Residential 1 & 2 Family	
	<input type="checkbox"/> Addition	<input type="checkbox"/> Repair	<input type="checkbox"/> Undefined
	<input type="checkbox"/> New	<input type="checkbox"/> Replace	
	<input type="checkbox"/> Remodel/Alter	<input type="checkbox"/> Tenant Finish (Commercial)	

Required Inspections	<input type="checkbox"/> Electrical Inspection	<input type="checkbox"/> Final	<input type="checkbox"/> Rough In
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QTY	Description	Fee Calculation	Permit Fee
A.	Minimum Inspection Fee	\$40 Per Trip	
B.	Maximum for Single Family Residential (New or Remodel)	\$175 Max (For 3 inspections) Additional @ \$40	
	Maximum for Commercial	No Limit	
	Multi Family Units	\$70/Unit	
	Swimming Pools	\$80 Per Trip Plus Circuits	
	New Service Panel or Generators 0-300 AMP Each additional 100 AMP	\$50 \$14/Each	
	Change out service in same location Change our sub panel in same location	\$100 \$40	
	Each Circuit or Feeder 0-30 AMP Each Circuit or Feeder 31 to 100 AMP Each Additional 100 AMP	\$ 8/Each \$10/Each Add \$5 per 100 AMP	
	Street Lights	\$ 4/Each	
	Standard Traffic Signal	\$ 7/Each	
	Transformer 0- 10 kilovolt-amperes 11-75 kilovolt-amperes 76-299 kilovolt-amperes Over 299 kilovolt-amperes	\$10 \$40 \$60 \$150	
	Sign Transformer	\$8	
	Fire Alarm & Energy Management Device	\$10 first 10 openings	
	Lighting Retrofit	\$0.65 per fixture	
	Remote Control/Signal Circuits	\$0.75 per device	
	Investigation Fee (Double the Fee)	\$100 Minimum	
	Canceled Permit Handling Fee	\$40	
	Reinspection Fee	\$40	
	State Surcharge	Subject to Change by State	
	Refund issued only for Overpayment on Permits that Exceed \$100 (Chapter 3-103 G 6)		

Permit Subtotal – Use the Greater of A or B

Permit Subtotal \$ _____

State Surcharge \$ 1.00

Permit Fee Total \$ _____

Required Approvals:	Electrical Inspector	Entered By
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Permits must be submitted in person or mailed. Permits will not be accepted via e-mail or fax.

To schedule an electrical inspection please visit <http://tokleinspections.com/>

If you do not have internet access please call (763) 754-2983