

**APPLICATION FOR ELECTRICAL PERMIT  
SAGINAW CHIPPEWA INDIAN TRIBE  
OFFICE OF TRIBAL CODE ENFORCEMENT**

7500 Soaring Eagle Boulevard  
Mt. Pleasant, MI 48858  
Phone: (989) 775-4014

**TYPE OF JOB:**

NEW COMMERCIAL  
REMODEL RESIDENTIAL

Description of work: \_\_\_\_\_

	COST	NO.	FEE
<b>BASE FEE (INSPECTION NOT INCLUDED)</b>			
Service (per meter thru 200 AMP)			
Temporary (over 200 AMP, through 600 AMP)			
Permanent (over 600 AMP)			
Circuits			
Lighting fixtures (per 25 and fraction thereof)			
Dishwasher			
Garbage Disposal			
Range Hood			
Furnace - Unit Heater-Baseboard			
Power Outlets (including ranges, dryers, etc.)			
Mobile or Modular Homes			
Signs (per circuit)			
Feeders - Bus Ducts, etc. (per 50' and fraction thereof)			
Fire Alarm System			
K.V.A. & H.P. rated equipment (up to 20 K.V.A. or H.P.)			
K.V.A. & H.P. rated equipment (over 20 K.V.A. or H.P.)			
Data/Telecommunication Outlets			
Underground Inspection			
Rough Inspection			
<b>Final Inspection</b>			
<b>*Additional Inspection</b>			
Hourly inspection rate for items not specified			
Special Inspection (Property sale, insurance, etc.)			
Special Inspection Follow-Up			
TOTAL Auto-Calculated			
Additions			
Total with additions (if applicable)			

**OFFICE USE ONLY**

Permit No.: \_\_\_\_\_

Date: \_\_\_\_\_

This application shall become incorporated as part of the permit issued and only authorizes the items of work as herein applied for.

Please fill out application completely, incomplete applications may be returned.

PROPERTY TAX ID #: \_\_\_\_\_

Township \_\_\_\_\_ Section \_\_\_\_\_

Directions \_\_\_\_\_

**APPLICATION FOR:**

Owner of Property \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**APPLICATION BY:**

Contractor \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

State License # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Worker Disability/Comp Ins. Co. \_\_\_\_\_

Employer ID # \_\_\_\_\_

MESC Employer # \_\_\_\_\_

Telephone # \_\_\_\_\_

Signature \_\_\_\_\_  
(Contractor, Homeowner\*\*)

\*\*NOTE: Homeowner by signing above you swear that you are personally doing the work as stated on this application. You agree that you will do the work in accordance with any and all applicable codes, laws and ordinances and will obtain approval from the Building Inspection Department for your completed work.

**WORK MUST BE INSPECTED BEFORE COVERED**

**TOTAL PERMIT FEE MAY BE DOUBLED IF WORK IS  
STARTED BEFORE PERMIT IS ISSUED.**

**\*Please indicate the number of additional inspections anticipated  
for this project along with the appropriate fee amounts.**

**APPENDIX C  
ORDINANCE NO. 1  
TRIBAL BUILDING CODE  
Rev. 2023**