



Application for Electrical Permit

PERMIT APPLICATION CENTER
 ANNE ARUNDEL COUNTY
 ANNAPOLIS, MARYLAND 21401

FEE: _____

APPLICANT - Complete all applicable spaces NEW ADDITION EXISTING

Job Location _____ Date _____

Street _____

Building _____ Floor _____ Suite _____

Subdivision _____

Tenants Name _____

Tax Account # _____

Building Permit # _____

| |
|------------------------------|
| Permit No. _____ |
| Map Reference No. _____ |
| Block _____ Parcel No. _____ |

| | | | |
|----------------------------------|----------------------------------|--|----------------------------------|
| O W N E R | Name _____ | C O N T R A C T O R | Company Name _____ |
| | Mailing Address _____ | | Master _____ |
| | City _____ State _____ Zip _____ | | License # _____ |
| | Telephone _____ | | Mailing Address _____ |
| | | | City _____ State _____ Zip _____ |
| | Telephone _____ | | |

Description of work _____

| | Total | | Total | | Total | |
|--|------------------------|--|--------------------|--|-----------------------|--|
| | | | | | | |
| E Q U I P M E N T | Fire Signal Dev | | Baseboard Heat | | Pool - Bonding | |
| | Pool Filter | | Lighting Fixtures | | Generator | |
| | Switches | | Receptacles | | Microwave | |
| | 50 amp receptacles | | Fluorescent Fix | | 30 amp receptacles | |
| | Service Equip (amps) | | Service Cond | | Cooktop unit | |
| | Oven | | Dishwasher | | Garbage Disposal | |
| | H2O Pump/Conditioner | | Water Heater | | Furnace | |
| | Air Conditioning | | Bath exhaust Fan | | Rangehood exhaust | |
| | Sign | | Dryer | | Range | |
| | Paddle Fan | | Heat Pump | | Wiring Controls | |
| | Music/Radio/TV Outlets | | Smoke detectors | | Central Vac | |
| | Speakers | | Phone | | Burglar Alarm | |
| | Data Cable Outlets | | Mag Lock System | | Elevator | |
| | Sub-panel (s) | | Motor (s) | | Hot tub | |
| | Transformers | | Alt. Energy Source | | Heavy up (total amps) | |

| | |
|---|-----------------|
| ADDITIONAL METER TO BE INSTALLED? FIRE ALARM <input type="checkbox"/> Yes <input type="checkbox"/> No DEVICES (NUMBER) | BGE WMS # _____ |
|---|-----------------|

MAKE CHECK PAYABLE TO ANNE ARUNDEL COUNTY.

Application approved for permit by: _____

I certify and agree as follows: that I am authorized to make this application; that the information is correct; that I will comply with all the regulations of Anne Arundel County which are applicable hereto; that I will perform no work on the above property not specifically described hereon.

Signature _____ Date _____

Master Electrician Signature _____ Date _____

This permit is void six (6) months from the date of issuance unless extended in writing.
 NO WORK MAY BE STARTED UNTIL PERMIT IS ISSUED. Rev 07/09/2007