



ELECTRICAL PERMIT APPLICATION

City of Lindale
 P.O. Box 130 /105 Ballard Dr.
 Lindale, TX 75771
 Phone: 903-882-6861 Fax: 903-881-8170
 Email: iselag@Lindaletx.gov

Application Date : _____

Permit # _____
 (Office use only)

Street Address of Proposed Project		Suite/Bldg.	Building Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
Owner / Tenant Name		Phone Number		Square Footage
Type: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition	<input type="checkbox"/> Remodel <input type="checkbox"/> Repair	Estimated Job Cost (Please fill out)		
Item	Number/Size	Item	Number/Size	
Ceiling Outlets		Air Heaters		
Switches		Ranges		
Plug Receptacles		Signs		
		Water Heater		
Total Outlets		Lighting Circuits		
		Other Circuits		
Motors				
Panel Size		Total Circuits		
Sub Feeder Size				

PERMIT FEE COST:
 Residential New Construction - \$.06 per sq. ft. w/ \$30.00 minimum
 Commercial New Construction- \$.08 per sq. ft. w/ \$60.00 minimum
 Residential Remodel - \$30.00 + \$6.00 per \$1,000 valuation
 Commercial Remodel - \$60.00 + \$6.00 per 1,000 valuation
 (Remodels Based on estimated job cost)
FEES DOUBLE IF STARTED WITHOUT A PERMIT

Total Number of Circuits	
Service Size (Amps)	
Fee	

Contractor's Name		Electrical License #	
Address	City	State	Zip code
Phone Number	Fax Number	Email	

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Applicant/Responsible person in charge of work _____ Title _____ Phone Number _____ Date _____

Approved Denied:

Reviewed by _____ Date _____