

FOR OFFICE USE ONLY									
Submittal Date:	Permit #:	Approved Date							

## **PLANNING & COMMUNITY DEVELOPMENT**

www.eastpointcity.org

2757 East Point Street, East Point, GA 30344 \* Phone: (404) 270-7212 \* Fax: (404) 270-2784

This application is not a permit until fees are received and processed and permit is issued. Any work prior to permit issuance is prohibited.									
Submittal Requirements									
Permit Documents		H	omeowner Documents		Contractor Documents				
<ol> <li>Permit Application</li> <li>Permit Fees         <ul> <li>(FEES ARE NON-REFUNDABLE)</li> </ul> </li> <li>Acceptable Forms of Payment: Cash/Credit         <ul> <li>Card/ATM Card/Business Checks/Cashier's Check or Money Order – Payable to CITY OF EAST             <ul></ul></li></ul></li></ol>		vernment Issued I.D. meowners Affidavit of of Homeownership: lomeowner's Insurance Policy leed or Property Tax Bill insurance can't be provided) st Point Authorized Agent Form representing Homeowner)	OR	Government Issued I.D.     Business License     State License (if applicable)     East Point Authorized Agent Form (if representing State Card Holder or Specialty Trade Owner)     Bond Form or Waiver / Indemnification Form (if applicable)					
JOB ADDRESS:			LOT/ UNIT #:		<b>Property:</b> □ Commercial □ Residential				
Property Owner Information (All Field	ds Requ	uired)	Contractor / Co	Contractor / Company Information (All Fields Required)					

Property Owr	ner Information (All I	Fields Required)	Contractor / Company Information (All Fields Required)					
Name:			Company Name:					
Address:			Address:					
City:	State:	Zip:	City:		State:	Zip:		
Phone:			Phone:	Email:				
Email:			Name:	BL#:		State Card #:		
FIXTURE			FIXTURE		FIXTURE			

QTY	FIXTURE DESCRIPTION	FEES	COST	QTY	FIXTURE DESCRIPTION	FEES	COST	QTY		FIXTURE	ON .	FEES	COST
					SFORMERS, ELECTRICA	L HEATE	RS,	LOW V	OLTAGE	CIRCUITS	S	1	
APPLIANCES – RESIDENTIAL			ELEC	TRIC FURNACES & APPL	IANCES		(Requi	res Low \	/oltage St	ate Card)			
	Clothes Dryer	4.50			Less than 1.0 KW	1.50			Fire Alarr	m		25.00	
	Dishwasher	2.50			1.0 – 3.5 KW	2.50			CATV Ja	cks		3.00	
	Disposal Unit	2.50			4.0 – 10 KW	4.50			Door Bell	/Phone		3.00	
	Furnace (Gas)	1.50			10.5 – 25 KW	5.00			Intercom			5.00	
	Water Heater	7.50			Over 25 KW	5.50			,	Smoke-Ca e Detector		3.00	
					25 KW & over/per KW	0.10							
LIGH	LIGHTING FIXTURES			METE	METER LOOPS			OTHER					
	Commercial	0.50			Temporary Service Pole	0.00							
	Residential	0.35			(Cost included in base fee)	0.00							
FI 00	D 0 ADEA LIQUEN	10			30 Amps	1.50			Elevators	& Lifts		200.00	
FLOC	DD & AREA LIGHTIN	IG			60 Amps	2.00							
	100 – 300	0.60			100 Amps	2.50			Hot Tubs	/ Jacuzzi	/ Spas	10.00	
	400 – 1000	0.80			150 Amps	3.00			Sewer Injection Pump			5.00	
	1001 and over	1.00			200 Amps	3.50			Sub Feeds per Amp			0.03	
A					400 Amps	5.50			Swimming Pools			25.00	
OUIL	ETS & SWITCHES				401 – 600 Amps	6.00 Tra			Transformer discharge Sys			1.50	
	Commercial	0.35			601 Amps & over/ea 0.05			X-Ray machine			15.00		
	Residential	0.25											
RANG	SES – RESIDENTIAL	L.											
	Combination Unit	5.00											
	Oven Unit	3.00					l l						
	Surface Unit	3.00		мото	ORS (Attach additional she	eet if nece	essary)		1				
		0.00			Air Conditioner				WIRE		RUN		
MOTOR FEES IN HP			Attic Fan HI				VOLTS	PHASE	SIZE	CURR			
Less th	an 1 1.50	20 1 / 2 to	5010.00		Bath Fan					l	l .	1	
	2.50		10.50		Roof Ventilator								
5 1/2 to	10 3.50				Vent Hood								
10 1/2	to 20 5.50	+ .05 per H	P over 50								Fixtu	re Cost	
									Base Fee				
										TOTAL ALL FEES			
									LLS				
					My Signature certifies that I will personally supervise  For temporary electrical service, please complete a Request for Temporary						porary		
Signature: □ Homeowner □ Contractor				this Installation. Electrical Service Affidavit									