



City of Rose Hill 2021 Electrical Permit Application

Application is to be submitted a minimum of 48 hours prior to work being performed (except for emergency repairs). Permit fees will be doubled if a non-emergency job is started prior to the permit application being approved. Incomplete applications will not be accepted.

RESIDENTIAL COMMERCIAL

PERMIT #: _____
(Will be assigned by City of Rose Hill)

OCCUPANCY TYPE: Single-Family Multi-Family Business Hospital School

TYPE OF WORK: New Addition Repair Remodel Tenant Finish Basement Finish Hot Tub/Spa Pool

BRIEF DESCRIPTION OF WORK TO BE PERFORMED:

Contractor Name _____ Contact Person _____ License Number _____

Business Address _____ City, State, Zip _____ Phone Number _____

WORK BEING PERFORMED FOR:

Homeowner _____ Street Address _____ Phone Number _____

General Contractor (if commercial) _____ Project Address _____ Contractor Building Permit # _____

WORK TO BE PERFORMED		QTY	EA	AMOUNT
CIRCUITS	120 Volt Circuit		\$ 2.00	
	277 Volt Circuit		\$ 2.25	
FIXTURES	Light Fixture or Lamp Holding Device		\$ 0.75	
HEATING APPLIANCES	Clothes Dryer		\$ 9.00	
	Range or Heating Device, 4500 watt or over		\$ 9.00	
MOTORS AND AIR COND.	1 hp or less		\$ 5.00	
	Over 1 hp		\$ 7.00	
SERVICE (NEW/CHANGE)	Water Well Motor		\$ 7.00	
	480 Volts or less Per Meter (100 Amps or less)		\$ 12.00	
	Each Additional Amp		\$ 0.06	
	Over 480 Volts Each Service Entrance		\$ 75.00	
SPECIAL CIRCUITS AND ADDITIONS	All Construction Services		\$ 15.00	
	Feeder		\$ 10.00	
	Generator		\$ 10.00	
	Hot Tub/Sauna or Jacuzzi		\$ 15.00	
	Outlets added to existing circuit(s)		\$ 0.75	
	Sign - Per Circuit		\$ 7.00	
	Smoke Detector(s)		\$ 0.75	
OTHER	Special Power Circuit		\$ 10.00	
	Meter Reset (only one meter per permit)		\$ 12.00	
	Miscellaneous		\$ 15.00	
	Permit Issuance Fee	1	\$ 25.00	\$ 25.00
TOTAL				

APPLICANT'S SIGNATURE: _____

DATE: _____

**** Contractor must call (316) 776-2712 to schedule an inspection after work has been completed ****

Official Use Only – to be completed by City of Rose Hill			
Total Permit Fee: \$ _____	Cash _____	Check #: _____	C.C. _____
Approval signature of City of Rose Hill Building Official _____		Date Approved: _____	