



**FORT CALHOUN, NE**

**ELECTRICAL PERMIT APPLICATION**

**CITY OF FORT CALHOUN, NE**

**Building & Safety Department**

110 S 14th St

Fort Calhoun, NE 68023

Telephone: 402.468.5303

Fax: 402.468.5399

**Inspection Request: 402.598.3915**

Permit Amount		Receipt Number	Permit Number
Job Address		Parcel Number	
Property Owner		Phone	
Property Owner Mailing Address			
Electrical Contractor		Phone	
Contractor Mailing Address		State of Nebraska Issued License Number	

**Building Type/Use:**  Commercial  Residential  Multi-Family  Other \_\_\_\_\_

**Class of Work:**  New  Addition  Alteration  Repair  Replacement

**General Description of Work:**

**ELECTRICAL FEES**

QUANTITY	DESCRIPTION	CALCULATION METHOD	UNIT AMOUNT	TOTAL
1	Electrical Issuance Fee	Flat Rate	\$20.00	\$20.00
	Rec/Light/Switches 1-20 (Reg, Water Heater or Gas Furn.)	Fixture	\$1.00	
	Rec/Light/Switches 20+	Fixture	\$.50	
	0 – 200 amps panel (Tankless Water Heater or Furnace)	Fixture	\$20.00	
	201 – 1,000 amps panel	Fixture	\$40.00	
	1,001 & UP amps panel	Fixture	\$80.00	
	0-1 motor	Fixture	\$5.00	
	2-10 motor	Fixture	\$10.00	
	11-50 motor	Fixture	\$20.00	
	51-100 motor	Fixture	\$35.00	
	51-100 motor	Fixture	\$50.00	
	0-1 kw Transformer	Fixture	\$5.00	
	2-10 kw Transformer	Fixture	\$10.00	
	11-50 kw Transformer	Fixture	\$20.00	
	51-100 kw Transformer	Fixture	\$35.00	
	Over 100 kw Transformer	Fixture	\$50.00	
	Swimming Pool	Flat Rate	\$30.00	
	Temporary Service	Flat Rate	\$20.00	
	Security/Fire Alarms Systems	Flat Rate	\$15.00	
			<b>TOTAL AMOUNT</b>	\$
<b>Service Voltage</b>	<b>Amps</b>	<b>Number of Wires</b>	<b>Phases</b>	<b>Proposed Outage Date\Time</b>

I will save, indemnify, and keep harmless the City of Fort Calhoun, its officers, employees, and agents against all liabilities, judgments cost, and expenses which may accrue against them in consequence of the granting of this permit, inspections, or use of any on-site or off-site improvements placed by virtue hereof, and will in all things strictly comply with all applicable rules, ordinances, and laws. Signature constitutes an attestation by the applicant that application complies with all covenants, conditions, and restrictions.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Issued By:	Date:
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**INSPECTION IS REQUIRED BEFORE COVER-UP AND AT COMPLETION**

**Inspection Requests:** It shall be the duty of the holder of the building permit or their duly authorized agent to notify the Building & Zoning Department when work is ready for inspections.

- Inspections should be scheduled and recorded before 5:00 p.m. the day before the inspection is requested.
- After Hours, Weekend and Holiday Inspections shall be scheduled, and the appropriate fee must be paid at least two-days before the required inspection date.
- All inspections should be called in and recorded to 402.598.3915
- A.M. scheduled inspections will be performed from 8:00 a.m. to 12:00 noon.
- P.M. scheduled inspections will be performed from 12:00 noon to 4:00 p.m.
- Any special requested inspection time will need to be pre-approved by your scheduled Inspector, the day before.

**Contact Information**  
Building & Safety Department  
Office Hours: 8:00 a.m. to 4:30 p.m.  
City Hall: 402.468.5303  
Fax: 402.468.5399