**Confederated Tribes**
**Of the Chehalis Reservation**

# ELECTRICAL PERMIT APPLICATION

**Planning Department** **P.O. Box 536** **Oakville, WA 98568** **360-273-5911**

_____
**Date**

_____ _____
**Permit #** **Electrical Contractor** **Phone**

_____ _____
**Address of Proposed Work** **Street Address. City, State, Zip**

_____ _____
**Property Owner** **Phone** **State Contractor #**

_____ _____
**Street Address** **Tribal Business License #**

**TYPE OF ELECTRICAL WORK:** □ Single-Family or Duplex □ Commercial □ Multi-Family □ Industrial/Manufacturing

Please mark all applicable spaces below:

_____ New Building – Amps: _____
_____ Addition – Amps: _____
_____ Tenant Improvement
_____ Temporary Power –Amps: _____
_____ Limited Voltage

_____ Service Change - Service Amps: _____
_____ Circuits: □ New □ Existing
_____ Illuminated Sign
_____ Pool/Spa/Hot Tub

**DESCRIPTION OF WORK:** (For remodel work, please indicate exact location.) _____
_____
_____
_____

I hereby certify that I am the owner (or the owner's authorized agent of the above-named property or a licensed electrical contractor (or the firm's authorized agent) and that the installation of the work described above will be performed in accordance with all applicable electrical laws and codes, including the state contractor registration laws. I understand that failure to comply may result in the revocation of any permit issued from this application.

**Signature**_____ **Date** _____

**Contractors: Please be prepared to show your current state contractor's license.**
**48-hr. notification is required for inspections.**