



# Planning Department

420 Howanut Road., P.O. Box 536., Oakville WA 98568  
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**STAFF USE ONLY**

Permit # \_\_\_\_\_  
Intake by: \_\_\_\_\_  
Date: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_  
Receipt #: \_\_\_\_\_

**Non-refundable fees are due upon submitting application**

## ELECTRICAL PERMIT APPLICATION

Applicant Name: \_\_\_\_\_ Electrical Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Tribal Business #: \_\_\_\_\_ Dept. Location of Proposed Work: \_\_\_\_\_

Address of Proposed Work: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**Type of Electrical Work:**  Commercial  Single-Family or Duplex  Multi-Family  
 Industrial/Manufacturing

\*Please Check All That Apply:

- |   |  |
|---|--|
| <input type="checkbox"/> New building- Amps: _____    | <input type="checkbox"/> Service Change- Service Amps: _____ |
| <input type="checkbox"/> Addition- Amps: _____        | <input type="checkbox"/> Circuits: ( ) New ( ) Existing      |
| <input type="checkbox"/> Tenant Improvement           | <input type="checkbox"/> Illuminated Sign                    |
| <input type="checkbox"/> Temporary Power- Amps: _____ | <input type="checkbox"/> Pool/Spa/Hot Tub                    |
| <input type="checkbox"/> Limited Voltage              | <input type="checkbox"/> Solar Panel/Circuits                |

**Description of Work:** (please indicate who you are contracting with)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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