



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:

- 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
- 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.