



ELECTRICAL PERMIT APPLICATION

DATE RECEIVED _____

PERMIT # _____

Property Owner Information

Address of Proposed Work: _____

Property Owner Name: _____ Phone: _____

Street Address: _____

Electrical Contractor Information

Electrical Contractor: _____ Phone: _____

Street Address, City, State, ZIP: _____

State Contractor's License #: _____ Expiration Date: _____

State UBI #: _____ Expiration Date: _____

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

Mark All Applicable Items Below:

- New Building – Amps: _____ Service Change – Service Amps: _____
- Addition – Amps: _____ Circuits: New Existing
- Tenant Improvement Illuminated Sign
- Temporary Power – Amps: _____ Pool/Spa/Hot Tub
- Limited Voltage _____ sq. ft. Annual Permit/Maintenance Staff

Description of Work (For remodel work, please indicate exact location):

Plan Review Fees (if applicable; electrical permit fees on reverse):

Plan review fee – Fee is 65% of the electrical work permit fee, plus a plan submission fee of:	\$75.00
Plan review fee – Supplemental submissions of plans per hour or fraction thereof:	\$88.00
Other inspections – Inspections not covered by regular fees shall be charged portal-to-portal per hour:	\$125.00

Signature _____

Print Name _____

Date _____

Contractors: Please be prepared to show your current state contractor's license.

Inspections: Inspection requests received by midnight will be made on the next working day. Inspection requests may be made on the dial-up service at 360.753.4444 ext. 3001 or online at www.olympiawa.gov/buildingpermits

Technology Fee – 3.9% on all Land Use, Engineering and Building permit & plan review Fees

ELECTRICAL PERMIT FEES

RESIDENTIAL

Single and Duplex Residential: First 1,300 square feet = \$88.00
 Each Additional 500 square feet = \$28.00

COMMERCIAL & MULTI-FAMILY

Table 1: Service & Feeders (installation/alteration)						
Multifamily Residential				Commercial/Industrial		
Service Ampacity	A Service	B Feeder	C Altered Service (2)	D Service	E Feeder	F Altered Service (2)
0-100	\$84.00	\$25.00	\$80.00	\$95.00	\$58.00	\$95.00
101-200	\$95.00	\$30.00	\$80.00	\$115.00	\$77.00	\$95.00
201-400	\$120.00	\$58.00	\$120.00	\$220.00	\$88.00	\$220.00
401-600	\$162.00	\$80.00	\$120.00	\$258.00	\$105.00	\$220.00
601-800	\$205.00	\$110.00	\$177.00	\$335.00	\$140.00	\$335.00
801-1000	\$295.00	\$220.00	\$177.00	\$405.00	\$170.00	\$335.00
>1000	\$295.00	\$220.00	\$177.00	\$445.00	\$238.00	\$370.00
Meter/Mst			\$50.00			\$80.00
Temp Service						
0-60	\$55.00	\$28.00				
61-100	\$65.00	\$30.00				
101-200	\$75.00	\$38.00				
201-400	\$88.00	\$45.00				
401-600	\$120.00	\$60.00				
Over 600	\$68.00	\$68.00				

Calculations – Table 1

- A. Amperage is based on (a) conductor ampacity; (b) overcurrent device.
- B. Branch circuits included in service fee except altered commercial service.
- C. Column A: Each service or first feeder on an existing service. Each feeder that terminates in a separate building.
- D. Columns B and E: Each feeder connected to and inspected with a service or feeder.
- E. Columns C and F: meter/mast only does not include alteration to service or feeder.
- F. Column D: Each service or first feeder on an existing service. Each feeder that terminates in a separate building.
- G. Services over 600 volts assessed a \$75.00 surcharge per permit.
- H. For generators, see appropriate service/feeder fees.

Table 2: Other Installations				
Item	G	H	I	Notes (see right)
Added or altered circuits	\$75.00	\$7.00	Residential	4, 7
Added or altered circuits	\$80.00	\$7.00	Commercial	5,7
Low volt temp control	\$45.00	\$15.00	Thermostats	6,7
Low volt systems	\$75.00	\$15.00	Comm/Cntrl	8
Swimming pools	\$88.00	\$58.00		
Generators, portable	\$82.00			11
Signs	\$55.00	\$20.00		6,7
Hot tub, spa, STEP	\$75.00	\$38.00		10
Yard Pole/Light Pedestal	\$75.00	\$15.00		
Table 3: Special Installations				
Item	J	K	Notes (see right)	
Mobile home	\$75.00	\$90.00	9	
RV site	\$75.00	\$38.00	9	
Marine berth	\$75.00	\$38.00	9	
Residential accessory building	\$75.00	\$38.00	10	
Carnivals	\$110.00			
Inspect exiting installation	\$95.00			
Re-inspection/penalty	\$95.00			

Notes to Fee Schedule

1. \$75.00 surcharge on services over 600 volts.
2. Fee includes branch circuits.
3. Fee does not include branch circuits.
4. Base fee includes 4 circuits. Total fee per panel not to exceed service fee form Table 1, Column C.
5. Base fee includes 5 circuits. Total fee per panel not to exceed service fee from Table 1, Column D.
6. Column G for single or first of several.
7. Column H for additional units inspected at same time.
8. Base fee includes first 2,500 square feet; unit fee is per 2,500 additional square feet, other than R-3 occupancies.
9. Column J for service or first feeder only. Column K for additional units inspected at same time.
10. Column G (J) inspected separately; Column H (K) inspected with service.
11. See appropriate commercial service/feeder fee.

**Electrical Application Checklist
(Without Plan Review Under 320 amps)**

Staff		Applicant		P = Provided with initial submittal; NA = Not applicable to project scope; (STAFF: M = Missing; I = Incomplete)
M	I	P	NA	
				Description of work.
				Floor and reflected ceiling plans including service and panel locations.
				Panel schedules including ampacity, voltage rating, and phase load calculations for each.
				New service equipment size, rating, load, and fault current calculations.
				Riser diagram showing rating of feeder over current device, feeder conductor, and raceway size (including material and insulation type).
				Equipment schedules.
				Luminaire schedule.

Installations of More than 320 amps, Require Submittal of Plans and Documents for Plan Review.

Use Plan Review Checklist for Requirments Located Below

This form has been approved for use by the Olympia Community Planning and Development (CPD) Department.



12/1/2016

Keith Stahley, Director,
Community Planning and Development

Date

Electrical Plan Review- Check List Instruction Sheet

Professional Engineers stamp and signature

Professional Engineers stamp and signature shall be on all plan sheets for the following types of facilities; Educational, Hospitals, Nursing Home, and other medical facilities that require review by the Department of Health.

Plan Sheet requirements

Shall include all the following:

- Minimum scale 1/8" (except site plan)
- Minimum font size "9"
- Symbol legends
- Circuit connecting lines with home runs shown for all equipment, lighting, receptacle symbols; or other methods by permission
- Schedules with electrical specifications for Luminaires, Mechanical/Equipment, Kitchen, Shop, and all other equipment items listed on the switchboard and panel schedules
- Show the location of all items on the One-Line/Riser diagrams
- Plan sheets need to reflect current as-built conditions
- Plan sheets "specifically" identified as something other than the "Construction Set", cannot be approved

One-line/Riser Diagrams

Shall be complete and include the following:

- Service point (NEC 100 Definitions)
- Conductor size, type, and number of
- Equipment grounding conductor size, type, and number of, or identify if metallic raceway
- Conduit sizes, type, and number of
- Identifier's for distribution equipment such as switchboards, panelboards, transformers, etc.
- Overcurrent protection devices
- System (Voltage, phase, wire)
- Bus ratings (the true value)
- AIC ratings
- Transformer primary/secondary voltages, KVA size, and source marking
- Clearly indicate if system is fully rated or series rated for the available fault current
- Locations with fault calculation values greater than 10,000 AIC need to be identified
- Additional items that maybe required shall be indicated. Such as; **Ground Fault Protection**, 2nd Level Ground Fault Protection, etc.

Panel Schedules

Panel schedules for switchboards, distributions, and panels must be provided on the plan sheets and one set of panel schedules on 8 1/2" x 11" sheets for use during the review process. The following information is required to be shown on the panel schedule.

(Panel Schedules Continued on following page.)

Panel Schedules Cont..

- System voltage, phase, wire, bus rating, bus available interrupting current rating
- Overcurrent protection device size with available interrupting current rating, circuit number, phase identification, total phase load
- Load values in VA or KVA. If using KVA the value needs to be expressed out to two decimal places. (Example: 1237 VA = 1.24 KVA)
- Each circuit shall indicate the type of load category
- Load summary by type of category provided at the bottom of the panel schedule with the connected and calculated load values and NEC demand factor(s) shown
- Single panels and Multi-section panels shall indicate Main breaker size or lug configuration; Main lug only, Double lugs, Feed thru lugs
- A separate panel schedule and calculation which includes downstream loads is required for each section of a Multi-section panel design
- A "Before and After" panel schedule presentation must be located side by side on the same plan sheet

Fault Current Calculations

The one line/riser diagram shall show the AIC value at all locations that are equal to or greater than 10,000 ampere. Fault calculations are required for new installations or existing installations when requested by Plan Review.

Metered Demand Data

Metered demand data shall include the following:

- Copy of the current last 12 months of utility demand
- Complete Calculations for all metered data shall be in KVA
- Use of utility KW demand shall be converted to KVA using an appropriate power factor adjustment
- Metered load studies shall include a minimum of 30 days continuously recorded
- Provide the ampere value of each phase at the beginning of the study
- The current transformer (CT) shall be connected to the highest ampere phase at the beginning of the study when all phase conductors are not being recorded
- Where multiple load studies are conducted at different locations on the distribution system the recording of all phases at that metered location will be required
- The one-line diagram shall indicate the metered point location for each load study. The following information is also required:
- Graph of the study with time periods, ampere values, and ampere maximum peak clearly identified
- Make/model of recording equipment, make/model of current transformer's
- Where equipment is not or cannot be set to record a 15 minute demand mode (average value over a 15-minute period continuously recorded), contact plan review concerning acceptability of your alternate recording method before starting load study
- Calculations provided shall be based on the ampere maximum peak value shown on the graph
- Existing loads included in metered load data and removed or altered shall not be subtracted from the demand data or demand calculation

Generator or Alternate Power System

- Where Generator unit(s) or alternate power system(s) are existing, or going to be installed, the locations are required to be provided on the plan sheets and clearly identified
- Identification of generator or alternate power system type is required, such as...
- NEC-517 *Essential Electrical System,
- NEC-700 *Emergency System,
- NEC-701 Legally Required Standby System,
- NEC-702 Optional Standby System,
- NEC-705 Interconnected Electrical Power Production Sources,
- NEC-708 Critical Operations Power Systems (COPS).
- NEC-517, NEC-700, NEC-701 System Generator's. All the generator accessory loads shall be connected to the same system the generator supply's to maintain the integrity of the system. (Examples; battery chargers, block heaters, fuel pumps, dampers, equipment lighting)

***Only NEC-517 Essential Electrical System(s) and NEC-700 Emergency System(s) can supply Emergency Load(s).**

Documentation on System Coordination

The documentation needs to clearly indicate that the Professional Engineer takes full responsibility that the installation, when installed as designed, shall comply with the requirements of NEC-700.32 Selective Coordination for Emergency System, or NEC-701.27 Selective Coordination for Legally Required Standby System, or NEC-517.26 Selective Coordination of Life Safety Branch of the Essential Electrical System, and Coordination of the Critical Branch, Equipment Branch of the Essential Electrical System. Provide documentation on plan sheet(s) or the professional engineer's company letterhead. Statement needs to include Professional Engineer's stamp and signature whether on plan sheet or company letterhead.

Medium or High voltage Systems (over 600v)

Shall be complete and include the following:

- Service point
- Conductor size, type, and number of
- Equipment conductor size, type and number of
- Conduit sizes
- Overcurrent protection devices
- System (Voltage, phase, wire)
- Bus ratings
- AIC ratings
- Transformer primary/secondary voltages and KVA size
- Locations with fault calculation values greater than 10,000 AIC need to be identified

Hazardous Locations (classified)

The boundary lines for any area classified as Class I, Division 1; Class I, Division 2; Class I, Zone 0; Class I, Zone 1; Class I, Zone 2; Class II, Division 1; Class II, Division 2; Class III, Division 1; Class III, Division 2; or any combination thereof shall be clearly indicated on the floor plan sheets and indicate the Classification of this area.

Electrical Plan Review Screen in Check List

Facility Name: _____ Facility type: Assisted Living
 Educational Hospital Nursing Home Institutional Other specify: _____

Professional Engineer's Stamp and Signature

Professional Engineers stamp and signature has been placed on each plan sheet. *(See Checklist instructions sheet.)*

Service Point

Service Point has been verified and shown on sheet _____ *(See NEC-100 Definitions for Service Point.)*

Plan Sheets

Number of plan sheets provided _____ Number of plan sets provided _____. Only one set is required. *(See checklist instruction sheet for minimum requirements.)*

One-Line/Riser diagrams

Complete one-line is located on sheet(s) _____ *(See checklist instruction sheet for minimum requirement.)*

Panel Schedules

Number of panel schedules _____ Panel schedules are required to be provided. *(See checklist instruction sheet for minimum requirements.)*

Fault Current Calculations

AIC values greater than 10,000 have been identified on the one-line/riser diagram. *(See checklist instruction sheet for minimum requirements.)*

Metered Demand Data

Where used, provide statement attesting to the validity of the demand data, signed by a professional electrical engineer; or where allowed, by the electrical administrator of the electrical contractor performing the work. *(See checklist instruction sheet for minimum requirements.)*

Generator or Alternate Power System

Generator system(s) present at the facility is located on sheet(s) _____ and identified as _____ *(See Checklist instruction sheet for minimum requirements.)*

Documentation on system "Selective" Coordination

Documentation is located on sheet(s) _____ or is provided by separate letter. *(See checklist instruction sheet for minimum requirements.)*

Medium or High voltage System (over 600v)

Customer owned primary distribution one-line diagram is shown on sheet(s) _____ *(See checklist instruction sheet for minimum requirements.)*

Hazardous Locations (classified)

The boundary lines are shown on sheet(s) _____. *(See checklist instruction sheet for minimum requirements.)*

Plan sheets, panel schedules, calculations, etc; provided in pencil, pen, or are illegible; are not acceptable.

I have reviewed and provided all the required information for this submittal.

Print & Sign Name and Date: _____

Note: Plans submitted without this form signed & dated, or that do not comply with the requirements listed above may be returned disapproved with fees charged.