

Date: _____

Permit # EP _____

Permit Fee: _____

ELECTRICAL PERMIT APPLICATION

City of Newport News
Department of Codes Compliance
2400 Washington Avenue 3rd floor, Newport News, Virginia 23607
757-933-2311/757-926-8311 (fax)
www.nnva.gov/codes-compliance

Application #: _____

Associated Building Permit #: _____

Building Permit #: _____

Project Address: _____ Unit: _____ Parcel ID: _____

Applicant (Check One) \longrightarrow Owner Contractor Agent Design Professional

<input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant Name _____ Address _____ City/State/Zip _____ Phone # _____ Fax # _____ Email Address _____	Applicant Name _____ Phone # _____ Applicant Address _____ Contractor Business Name _____ Phone # _____ Contractor Address _____ Contractor State License # _____ Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C CID # _____ Email/Other Contact Information _____
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Work to be performed on:

- Residential
- Commercial
- Multi-Family

Type of work:

- New Structure Repair/Alt
- Addition Other
- Project Cost \$ _____

I agree to perform above work in compliance with the ordinances & regulations of the City of Newport News and the Virginia Uniform Statewide Building Code.

Print name _____ Signature _____ Date _____

Remarks _____

QUANTITY & TYPE OF DEVICES/EQUIPMENT

- | | | | |
|----------------------|-------------------------------|-----------------------------|--|
| _____ New Outlets | _____ Clothes Dryer | _____ Range/Cooktop | _____ Site Lights |
| _____ Central Heat | _____ Dishwasher (Domestic) | _____ Oven | _____ Reconnect Manufactured Home |
| _____ Central A/C | _____ Dishwasher (Commercial) | _____ Exhaust Fan | _____ New Single Phase Service _____ Amps |
| _____ Heat Pump | _____ Water Heater | _____ Baseboard Heat | _____ New Three Phase Service _____ Amps |
| _____ Rooftop Unit | _____ Garbage Disposal | _____ Range Hood | _____ Increase Service From _____ Amps to _____ Amps |
| _____ Clothes Washer | _____ Generator | _____ Other (Details) _____ | |

Office Use Only

Remarks: _____

Cash: _____ Check: _____ Escrow: _____

Customer ID #: _____

Approved By: _____ Date: _____

Cashier: _____