

REQUEST FOR ELECTRICAL INSPECTION

CITY OF ST. AUGUSTA
1914 250TH STREET • ST. AUGUSTA, MN 56301
kclaussen@staugustamn.gov 320-654-0387



Home	Duplex	Apt. Bldg.	Other:		New	Addn.
Commercial	Industrial	Farm			Remod.	Repair
Air Conditioner	Htg. Equip.	Water Htr.	Load Mgmt.	Other:		
Dryer	Range	Elec. Heat	Temp Service			

"X" above the work covered by this request: Enter remarks in this space and on the back of the white copy only.

Calculate Inspection Fee - This Inspection Request will not be accepted without the correct fee:

Other Installations	Fee	#	Service Entrance Size	Fee	#	Circuits / Feeders	Fee
Mobile Home Park Stall			0 to 200 Amps			0 to 100 Amps	
Street Ltg. / Traffic Sig.			Above 200 Amps			Above 100 Amps	
Transformer/Generator			INSPECTOR'S USE ONLY				Surcharge \$1.00
Sign / Outline Ltg. Xfmr.							Permit
Alarm / Remote Control							Total
Swimming Pool			I hereby certify that I inspected the electrical installation described herein on the dates stated:				
Irrigation Boom			Rough-In				Date
Special Inspection			Final				Date
Investigation Fee							

THIS INSTALLATION MAY BE ORDERED DISCONNECTED IF NOT COMPLETED WITHIN 12 MONTHS.

OFFICE USE ONLY

PLEASE PRINT OR TYPE

Request Date	Rough-In Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inspection Other than Rough-In: <input type="checkbox"/> Ready Now <input type="checkbox"/> Will Call
You must call inspector when ready		

I, licensed contractor company owner hereby request inspection of the above electrical work at:

Job Address (Street, Box or Route No.)	City	Zip Code
Occupant		Phone No.
Power Supplier	Address	
Electrical Contractor / Company Name		Contractor License No.
Master Lic. No. (Plant Elect. Only)		
Mailing Address (Contractor, Company or Owner Performing Installation)		
Authorized Signature (Contractor, Company or Owner Performing Installation)		Phone No. ()

For Inspection call Kelly @ 320-743-3149