

## 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							
Irrigation Boom			I hereby certify that I inspected the electrical installation described herein on the dates stated:				
Special Inspection							
Investigation Fee							
			Rough-In			Date	
			Final			Date	

**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 You must call inspector when ready	Inspection Other than Rough-In: <input type="checkbox"/> Ready Now <input type="checkbox"/> Will Call Date Ready:
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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**