



Commercial Construction Building Permit Application

Date of Submittal: _____ 911 Address: _____ Lot # _____

Business Name: _____ Est. Construction Cost \$ _____

New Construction Remodel/ Addition

Property Owner: _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____

Applicant: _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
 Is Applicant Owner: Y N

Company/Personnel Associated with Project

	Point of Contact	Phone #	E-mail	License #
Architect/Engineer				
General Contractor				
Concrete				
Carpentry				
Electrical				
Plumbing				
Mechanical				
Masonry				
Sprinkler				
Fire Alarm				

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I also understand that I, along with all parties involved, are responsible for assuring that inspections are scheduled as necessary, and a representative must be present at all scheduled inspections. Failure to meet these requirements may result in a stop work order and assessment of rescheduling fees as outlined in the regulations and ordinances of the City of St. Robert. I further affirm that all necessary inspections shall be scheduled in accordance with the building code requirements of the City of St. Robert.

Date: _____

 Applicant Signature _____

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Proposed Use of Structure(s)

Use Group: _____ If mixed Use, check applicable: Separated Non-Separated

Street Frontage		New Res. Units		Basement Area	
Front Setback		Existing Res. Units		Garage Area Sq Ft	
Rear Setback		Stories		Office/Sales Area Sq Ft	
Left Setback		Elevators/Escalators		Services Area Sq Ft	
Right Setback		Parking Area		Manufacturing Area Sq Ft	
Building Area		Enclosed Parking			
Lot Area		Outside Parking			

Upgrade to Existing Utilities Required: Y N Electric Water Sewer Gas

Electric: (Power Devices must be provided and/or listed on plans. Electrical Load Sheet must be completed.)

Service Size: _____ Comments: _____

Plumbing: Water Service Size: _____ Comments: _____

Mechanical: Type Heating Fuel: Gas Electrical Other: _____

Comments: _____

Other Required Information/Scope of Work: _____

City of St. Robert
Electrical Service Request/Alteration Information Form

ALL AREAS MUST BE COMPELTED. IF IT DOES NOT APPLY, PLEASE MARK "N/A"

Date Submitted: _____ Location of Request/Alteration: _____

Submitted By: _____ Phone #: _____ Fax: _____

Requesters Address: _____ City: _____ State: _____ Zip: _____

The following information is required to provide a timely electric service to your project. Please complete this form and submit the requested data and a set of construction drawings. (i.e. site/grading plan and electrical) to the City Public Works Department as soon as possible, but no later than sixty (60) days prior to requesting a construction permit. Site plan (2 copies) shall include: electrical plans (2 copies) with riser and one-line diagrams. Submit one (1) Service Request/Alteration Form for each for each metered service.

CONTACTS	COMPANY	CONTACT	PHONE	FAX
Customer				
Architect				
Gen. Contractor				
Electrical Contractor				

Temporary Service Request (attach billing information for temporary and permanent service):

None: _____ Underground: _____ Overhead: _____ Temporary off Permanent: _____
Date Required: _____ Voltage: _____ Phase: _____ # Wires: _____ Panel Size: _____ amps

Project Information:

Type of Project (residential, commercial, industrial): _____ Square Footage: _____
New Construction: _____ Addition: _____ Upgrade: _____ Other (description): _____
Date of expected permanent connection to City Service: _____
Number of hours per week that facility will operate when completed: _____
Number of work shifts per day at the facility: _____

Electrical Data:

Type of Service Requested: _____ Voltage: _____ # of Phases: _____ # of Wires: _____
Panel Size: _____ amps Secondary Conductor: _____ # of Sets: _____ OH: _____ UG: _____

Information of Largest Motor:

Voltage: _____ HP: _____ LRA: _____ FLA: _____ Starting PF: _____% Running PF: _____%
NEMA Code Type: _____ # of Motor Starts/HR: _____ Motor start method: across the line: _____
Reduced voltage starting: _____ Other: _____

Information on Non Linear Loads:

Uninterrupted Power Supplies: _____ Rates HP: _____ Voltage: _____ # of Phases: _____
of Wires: _____ Battery Backup: _____ Maintenance Bypass Switch: _____

Communications Equipment: Attach a brief system description and load requirements:

Rated HP: _____ Voltage: _____ # of Phases: _____ # of Phases: _____ # of Wires: _____
Maintenance Bypass: _____ Harmonic Distortion on input supply at 50% _____ at 100% _____ loading.

