

**Springport Township
Electrical Permit
Application**

P.O. Box 174
Springport, MI 49284
517-857-2030

Date: _____ Bldg Permit Number: _____

Contractor License Number: _____ Phone Number: _____

Location: _____

Owner: _____ Phone Number: _____

Kind of Building: _____ Used As: _____

To Be Completed About: _____ Estimated Costs: _____

CIRCLE ONE

New Alteration Repair Addition

Type of Equipment	Number
Ceiling Outlets	
Switches	
Plug Receptacles	
Total Outlets	
Air Heaters	
Ranges	
Signs	
Water Heater	
Lighting Circuit	
Other Circuit	
Total Circuits	
Motors	
Panel Size	
Range Cond	
Sub Feeder Size	

<p>PERMIT AMOUNT: \$ _____</p> <p>Make Checks Payable To: SPRINGPORT TOWNSHIP</p> <p>Send To: P.O. Box 174 Springport, MI 49284</p> <p>NOTE: Permits will NOT be issued without payment.</p>

<p>FOR OFFICE USE ONLY:</p> <p>Date Paid: _____</p> <p>Check Number: _____</p> <p>_____</p> <p>_____</p>

Contractors Name & Address: _____

Contractors Phone Number: _____

Ready for Inspection on ____/____/____ or will contact permit clerk later _____.

Applicant signatures certifies that all information given is true, and correct: _____.