



Electrical Permit Application (EL)

Service: Overhead <input type="checkbox"/> Underground <input type="checkbox"/>	Sub Panel Yes <input type="checkbox"/> No <input type="checkbox"/> Amps:	Electric Heat Yes <input type="checkbox"/> No <input type="checkbox"/>
Hot Tub/Spa Yes <input type="checkbox"/> No <input type="checkbox"/>	# of Massage Tubs:	# of Air Conditioners:
Rating of Service Switch:		
Amps	Volts	Phase
Size & type of service conductor:		
Heating Load: kW	If addition, existing load: kW	Additional Load: kW
Total: kW		
Available Fault Current: kW	Designer Name:	

Estimated Value of Work: \$ _____

Applicant's Signature

Applicant's Phone Number

District of Maple Ridge Electrical Inspector

Date