



Electrical Permit Application

City of Webster Groves
 Department of Planning and Development
 314/963-5300

Issue Date: _____	FOR CITY USE ONLY
	Permit #: _____

CHECK ALL THAT APPLY: Residential Repairs New/upgrade Service**

NOTE: *Underground service may be required

** Accessory building service must be through primary building and cannot be metered separately

Project Address: _____

Owner: _____ Phone: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Describe Project: _____

Start Date: _____ Completion Date: _____ Premise# _____

DEVICES	# of Units	Unit Cost	Fee
Outlets: (\$8.00 for the first unit, .75 each additional unit)		8.00/ .75	
Service Equipment, Switch Board / Panel Boards:			
100 or 200 amps _____ phase _____ wire		12.00	
300 or 400 amps _____ phase _____ wire		18.00	
500 or 600 amps _____ phase _____ wire		41.00	
Over 600 amps _____ phase _____ wire		53.00	
<input type="checkbox"/> Overhead <input type="checkbox"/> Underground _____ Amps			
Reinstate / Reconnect Service		36.00	
Motors: Less than 5hp: (\$7 for first, \$1 each additional)		7.00/1.00	
More than 5 hp: (\$7 for first, \$6 each additional)		7.00/6.00	
Communication Systems: (\$9 for first unit, \$1 each additional)		9.00/1.00	
i.e.: Amplifiers, Telephones, T.V. Antenna, Burglar Alarm			
Other (please describe)			
Total Electrical Fees OR			
Minimum Permit Fee - No Plan Review		35.00	
Electrical Inspections Required:		30.00	
TOTAL ELECTRICAL PERMIT COST:			

I hereby certify that all information provided in this application is accurate and that all construction will be performed in accordance with the electric codes of the City of Webster Groves.

Company: _____ Phone: _____

Address: _____ City, State and Zip: _____

Contact: _____ Cell Phone: _____

Authorized Signature: _____ Date: _____

- Step 1:** Submit permit to Customer Service.

Step 2: Submit permit for payment. You will be asked for the total of the permit. Please write your total down before proceeding to checkout.

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Total Permit Fee: _____ Pmt: _____ Rec'd By: _____ Date: _____