4141 Douglas Drive North
Crystal, MN 55422
Phone: (763) 531-1000
Fax: (763) 531-1188
Website: www.crystalmn.gov

Contractor Application for Electrical Inspection

Receipt # _____ Permit No. _____ Rec'd By/Date _____

Electrical Inspector: Steve Tokle • 763-390-9255 • Mon-Fri: 7 a.m. - 8:30 a.m.

Owner/Address Information

Name _____

Inspection Address :

_____

Phone _____

Contractor Information

Name _____

Contact _____

Address _____City_____St____

Phone _____ Cell _____

License # _____ Expiration Date _____

Type of Work

Describe Location and Work: _____

Inspections *Must schedule all inspections*

Rough-in Required ☐ Yes ☐ No ******* ☐ Ready Now ☐ Will Schedule

Fee Schedule: *The fee is the greater of A or B, not both*

Section A	**New Service/Power Supply**	0-300 amp $50, 400 amp $58, $14 for each additional 100 amp	
	Replace Service/Power Supply	$100	
	Feeders/Circuits	0-30 amp $8, 31-100 amp $10, $5 for each additional 100 amp	
	Transformers & Generators	<10 KVA $10, 11-74 KVA $40, 75-299 KVA $60, >300 KVA $150	
	Apartment Buildings	$70 per unit, does not include service, unit feeders or house wiring	
	Retrofit Lighting	$0.65 per fixture, ballast & lamps only new fixtures are per circuit fee	
	Traffic Signals	$7 per standard, street & lot lights $4 per pole	
	Sign Transformers	$8 per unit	
	Remote Control or Signal Wiring	$0.75 per device	
	Swimming Pools	$40 per trip + circuit fees	
		Section A Total	
Section B	**Trip Calculation**	$40 per trip ____ trip(s) **Section B Total**	
		Greater of Section A or B	
		State Surcharge	$1.00
		Fees Due Upon Application	

*Residential minimum fee is $40 and maximum fee is $175 for three trips with a service of 200 amp or less. There is no maximum if the service is larger than 200 amp.

Notice

Requests for electrical inspection (REI) with a fee of $250 or less expire 12 months from the filing date. The owner must have the work completed within the 12 month period or submit another REI that includes the inspection fee for the uncompleted work. Inspection fees do not carry over from one REI to another. A service charge of $30 will be added for all dishonored checks.

Contractor Signature _____ **Date of Application** _____

Required Inspections *Completed by city staff*

I hereby certify that I inspected the electrical installation herein on the dates stated.

Rough-in Inspection(s) _____ **Date:** _____

Final Inspection _____ **Date:** _____