



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



Homeowner Application for Electrical Inspection

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

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

Inspections *Must schedule all inspections* Rough-in Required Yes No ***** Ready Now Will Schedule

Property Owner

Name of Owner _____
 Address _____
 Phone _____ Cell _____

Type of Work

Describe Work and Location _____

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

Section A Service & Circuit Calculation	New or Repair Service/Power Supply	0-300 amp \$50, 400 amp \$58 \$2 per circuit to replace old panel with new panel in same location	
	Feeders/Circuits	0-30 amp \$8, 31-100 amp \$10, 101-200 amp \$15	
	Generators	\$8 per unit + \$0.40 per KVA, \$0.30 for each KVA over 100 KVA	
	Swimming Pools	\$35 per trip + circuit fees	
Section A Total			
Section B Trip Calculation	Trip Calculation	\$35 per trip _____ trip(s)	Section B Total
Greater of Section A or B			
State Surcharge			\$5.00
Fees Due Upon Application			

*Residential minimum fee is \$35 and maximum fee is \$150 for three trips with a service of 200 amp or less.

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.

➡ Homeowner Doing Work in Homestead Signature _____ Date of Application _____

* By signing this document I certify that I am the owner as defined by Minnesota Statute 326.01 and will legally perform the electrical work.

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: _____