



4141 Douglas Drive North  
 Crystal, MN 55422  
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# Homeowner Application for Electrical Inspection

Date \_\_\_\_\_ Permit No. \_\_\_\_\_ Rec'd By/Date \_\_\_\_\_

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

## Property Owner

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

## 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*

<b>Section A</b> Service & Circuit Calculation	Replace Panel \$105 / Sub Panel \$42	\$105 / \$42		
	Feeders/Circuits	0-30 amp \$8.50, 31-100 amp \$10.50, 101-200 amp \$15.50		
	Generators	<10 KVA \$10.50, 11-74 KVA \$42, 75-299 KVA \$60, >300 KVA \$150		
	Swimming Pools	\$84 + circuit fees		
			<b>Section A Total</b>	
<b>Section B</b> Trip Calculation	Trip Calculation	\$42 per trip ____ trip(s)	<b>Section B Total</b>	
			<b>Greater of Section A or B</b>	
*Residential minimum fee is \$42 and maximum fee is \$185 for three trips with a service of 200 amp or less.			<b>State Surcharge</b>	\$1.00
			<b>Fees Due Upon Application</b>	

## 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 Statue 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: \_\_\_\_\_