

**CITY OF BETHEL HEIGHTS
ELECTRICAL PERMIT APPLICATION**

530 SUNRISE DRIVE
BETHEL HEIGHTS, AR 72764
(479) 751-0897

DATE APPLIED: ____/____/____

PROJECT ADDRESS: _____ LOT # _____ SUBDIVISION: _____

OWNER NAME: _____ PHONE (____) ____-____ CELL: (____) ____-____

CONTRACTOR: _____ PHONE (____) ____-____ CELL: (____) ____-____

ADDRESS: _____

CITY: _____

LICENSE #: _____ EXPIRATION DATE: ____/____/____

PROPOSED USE: _____ DESCRIPTION OF WORK: _____

LOAD CALCULATIONS (COMMERCIAL): _____

ITEM	UNIT COST	TOTAL
METER SERVICE ONLY/PER METER -----	\$ 20.00 -----	\$ _____
MISCELLANEOUS (SPECIFY) -----	\$ 20.00 -----	\$ _____

***** RESIDENTIAL FEES *****

ITEM	UNIT COST	TOTAL
NEW CONSTRUCTION, SINGLE-FAMILY (HEATED FOOTAGE):		
1. 0 – 1,500 SQUARE FEET	\$ 45.00 -----	\$ _____
2. 1,500 – 2,000 SQUARE FEET	\$ 60.00 -----	\$ _____
3. 2,000 – 3,000 SQUARE FEET	\$ 75.00 -----	\$ _____
4. 3,000 – SQUARE FEET AND LARGER	\$112.50 -----	\$ _____

NEW CONSTRUCTION, MULTI-FAMILY:		
1. FIRST UNIT	\$ 45.00 -----	\$ _____
2. ADDITIONAL UNITS ADD PER UNIT	\$ 40.00 -----	\$ _____

***** COMMERCIAL FEES *****

TOTAL JOB COST \$ _____		
BASE FEE -----	\$ 30.00 -----	\$ _____
PLUS 1% OF JOB COST UP TO \$10,000.00 -----		\$ _____
PLUS .5% FROM \$10,001.00 TO \$20,000.00 -----		\$ _____
PLUS .25% FROM \$20,000.00 AND ABOVE -----		\$ _____

TOTAL FEES DUE ----- \$ _____

TOTAL FEES PAID ----- \$ _____

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS STARTED.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS DOCUMENT AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

_____/_____/_____
(DATE)

(PRINT APPLICANT NAME)

(APPROVED BY)

_____/_____/_____
(DATE)

***** NOTE *****

TO SCHEDULE INSPECTIONS CALL 751-0897, 24 HOURS IN ADVANCE