



City of Haysville
 401 S. Jane, Haysville, KS 67060
 316-529-5940 Fax 316-529-5945

ELECTRICAL PERMIT APPLICATION

Permit No. _____
 Receipt No. _____

Date: _____, 20____

Location of Work: _____
 (Address, City, Zip)

Name of Person work is being done for: _____
 (Circle one- Owner, Tenant or Contractor)

Building To Be Used As _____

Class of Work:

New Building ___ Existing Building ___ Add On ___ Replacement ___

Authorized Work			No.	Each	Fee
CIRCUITS	10	1st, 2nd, 3rd, 4th, 5th		1.75	
	20	6th to 20th Inclusive		0.60	
	30	All over 20		0.30	
	40	Heating Appliances Less than 4500 W		1.75	
SPECIAL CIRCUITS AND ADDN'S	Range or Heat Device 4500 W or Over	50	1st, 2nd, 3rd, or 4th	3.00	
		60	All over 4	1.75	
	Clothes Dryer	70	1st, 2nd, 3rd, or 4th	3.00	
		80	All over 4	1.75	
	90	Special Power Outlet or Feeder Circuit		3.00	
	110	Sign, Per Circuit		1.75	
	120	Outlets Added to Existing Circuits, or other Miscellaneous Wiring		0.25	
FIXTURES	130	Light Fixtures or Lampholding Devices		0.25	
MOTORS AIR COND.	140	1 Hp. Or Less		1.25	
	150	Over 1 Hp. To 10 Hp. Inclusive		1.75	
	160	Over 10 Hp. To 25 Hp. Inclusive		3.50	
	170	Over 25 Hp. To 50 Hp. Inclusive		5.75	
	180	Over 50 Hp.		12.00	
SERVICE NEW SERVICE SERVICE CHANGE	480 Volts or Less	Residential	190	Per Meter (100 Amps or Less)	2.25
			200	Each Additional Amp	0.02
		Commercial	210	Per Meter (100 Amps or Less)	2.25
			220	Each Additional Amp	0.02
230	Over 480 Vo Each Service Entrance		30.00		
240	Construction Service		6.00		
250	Reconnect Service (Service Had Been Turned Off)		6.00		
Miscellaneous				6.00	
Permit Issuance Fee					25.00
Re-inspection Fee (\$30.00 min. / \$30.00 Per Hour)					
Special Permit Fee (2 X Scheduled)					
				TOTAL	

Company Officer Signature: _____

Company Name: _____

Company Business License No. (Required): _____

Phone #'s
 CELL: _____
 Office: _____

We now accept VISA or Mastercard for payment