

St. Mary's County COMMERCIAL ELECTRICAL Inspection Application

Building Permit #: _____
 Inspection #: _____
 Date Issued: _____

Applicant Name: _____
 Phone Number: _____
 Email: _____

FOR PLANCHER OFFICE USE ONLY

Inspection Fee: \$ _____

Cash
 Check #: _____
 Invoice #: _____

Address (where inspections will be performed. Subdivision, Lot #, Etc.)

MASTER ELECTRICIAN:
 License #: _____
 Name: _____
 Signature: _____

CIRCLE ALL THAT APPLY: New Alteration/Addition Apartment Replacement Pool Solar Sign

Scope of Work: _____

Service:

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VOLTS AMPS

Rough Wiring:

Light Fixtures	Switches	Receptacles

LV Devices	
Signs	
# of Solar Panels	

Resistance Equipment:

	Capacity	Total #
Heating & Cooling:		
Motors:		
Generators:		

Work With? (circle one) YES NO

Meter #: _____
 Other: _____

Inspections Needed:

<input type="checkbox"/> Underground	<input type="checkbox"/> Rough Wire	<input type="checkbox"/> Service
<input type="checkbox"/> Deck Bonding	<input type="checkbox"/> Pool Bonding	<input type="checkbox"/> Final

Once your application is approved you will receive an inspection ID number (#). Please provide your # when contacting our office to schedule your inspections.