



City of New Hope Community Development

4401 Xylon Ave N • New Hope MN 55428 • Phone: 763-531-5127 • Fax: 763-531-5136 • ci.new-hope.mn.us

Electrical Inspection-Homeowner

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

Permit # _____
 Received Application _____
 Received Payment _____
For Office Use

Property Owner

Name _____
 Address _____
 Phone _____ Cell _____

Type of Work

Describe Work _____

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

Section A <small>Service & Circuit Calculation</small>	New or Repair Service/Power Supply	\$100 per residential panel replacement, \$40 per sub panel	
	Feeders/Circuits	0-30 amp \$8, 31-100 amp \$10, 101-200 amp \$15	
	Generators	0-10 KVA \$10, 11-74 KVA \$40, 75-299 KVA \$60, 299+ KVA \$150	
	Swimming Pools	\$80 (2 trips) + circuit fees	
Section A Total			
Section B <small>Trip Calculation</small>	Trip Calculation	per trip ____ trip(s)	Section B Total
(9001.4318) Greater of Section A or B			
(9001.2383) State Surcharge			
Fees Due Upon Application			

*Residential minimum fee is \$40 and maximum fee is \$175 for three trips with a service of 200 amp or less - includes new homes.

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:** _____

Payment *Make checks payable to City of New Hope or complete information below*

Name (print) _____ Signature _____
 Billing Address _____
 Credit Card Account Number _____ Expiration Date _____