Application Date  Humboldt County N Application Date			ance Date		
Address:		Perr	nit #		
Assessor's	s Parcel Number		Descri	be Work:	
Owner:					
Address:					
City	Sta			Building Use:	
Phone #:	Em	nail Address:			
Contracto	r:				
Address:					
	City	State Zip			
Phone #		Email Address:			
NV. Contr	actor's Number		Permit		
			No.	Type of Equipment	FEE
				Lights, Switches, Outlets	
				Power Apparatus(HP, KW, KVA or KVAR	
Special Conditions/Remarks:				Up to & including 1	
				Over 1 & not over 10	
				Over 10 & not over 50	
				Over 50 & not over 100	
				Over 100	
				Services	
				Not over 200 amps	
				Over 200 to 1,000 amps	
I hereby certify that I have read and examined this application and know				Over 1,000 amps	
the same to be true and correct. All provisions of laws and ordinances				Residential Appliances	
governing this type of work will be complied with whether specified herein				Nonresidential Appliances	
or not. The granting of a permit does not presume to give authority to				Signs, Outline Lighting and Marquess	
violate or cancel the provisions of any other state or local law regulating				Temporary Power	
construction or the performance of construction. I agree that no work will				Misc. Apparatus, Conduit, & Conductors	
be covered or concealed without proper inspection approval as set forth				New const. per sq. ft (.035)	
in county	ordinances or codes.				
This perm	it becomes null and void if v	work or construction authorized is no	ot		
commenc	ed within 120 days or if cons	struction, or work is suspended or			
abandone	d for a period of 120 days a	t any time after work is commended	l	Permit Fee	
				Total Fee	

Applicant:
Signature of Contractor, Authorized Agent, or Owner
When p