



**ELECTRICAL PERMIT
BUILDING INSPECTION DEPARTMENT
CITY OF AIKEN
(803) 642-7675
Fax (803) 642-7672**

Mail payment and copy of this application to:

City of Aiken
Building Inspection Division
PO Box 1177
Aiken, SC 29802

Application is hereby made for permit and inspection for the following electrical installation as described and in accordance with the Ordinance of the City of Aiken and subject to approval of the Building Inspector.

Date: _____

PROPERTY ADDRESS: _____ SUBDIVISION _____

RESIDENTIAL COMMERCIAL NEW CONSTRUCTION ADDITION / ALTERATION

ELECTRICAL PERMIT FEE	QUANTITY	UNIT CHARGE			SUB TOTAL
110 VOLT CIRCUIT(S)		X	\$.20	=	
220 VOLT CIRCUIT(S)		X	\$.40	=	
NEW 0-100 AMP SERVICE		X	\$13.50	=	
NEW 101-150AMP SERVICE		X	\$16.50	=	
NEW 151-200AMP SERVICE		X	\$21.50	=	
NEW 201-300AMP SERVICE		X	\$41.50	=	
NEW 301-400AMP SERVICE		X	\$46.50	=	
NEW 401-500AMP SERVICE		X	\$51.50	=	
NEW 500AMP SERVICE and up		X	\$56.50	=	
CHANGE 0-100AMP SERVICE		X	\$4.50	=	
CHANGE 101-150AMP SERVICE		X	\$6.50	=	
CHANGE 151-200AMP SERVICE		X	\$8.50	=	
CHANGE 201-300AMP SERVICE		X	\$11.50	=	
CHANGE 301-400AMP SERVICE		X	\$16.50	=	
CHANGE 401-500AMP SERVICE		X	\$21.50	=	
CHG 500AMP SERVICE and up		X	\$26.50	=	
MINIMUM PERMIT FEE*		X	\$4.50	=	
PERMIT AMOUNT TOTAL					=

*If total permit fee does not at least total \$4.50, then total will be \$4.50.

REMARKS: _____

LICENSED ELECTRICIAN (PRINT) _____ Phone Number _____

BUSINESS NAME _____

MAILING ADDRESS: _____
(STREET/ P.O. BOX) (CITY) (STATE) (ZIP CODE)

SIGNATURE _____

If you would like a copy faxed back to you, please put your fax # here: _____