



CITY OF HAYSVILLE
Public Works Department

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Electrical Permit Application

PROJECT INFORMATION

Project Address:	Home Owner Phone #:	Home Owner Name:
Project Type: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Remodel <input type="checkbox"/> Tenant Finish <input type="checkbox"/> BSMT Finish <input type="checkbox"/> Hot Tub/Spa <input type="checkbox"/> Swimming Pool		
Contractor Business Name:	Contractor Phone #:	Contractor License #:

Complete All Items Where Applicable

		AUTHORIZED WORK	QTY	EACH	FEE
CIRCUITS	1	120 Volt Circuit		\$ 2.00	
	2	277 Volt Circuit		\$ 2.00	
HEATING APPLIANCES	3	Heating Appliance less than 4500 Watt		\$ 3.00	
	4	Range or Heat Device 4500 Watt or over		\$ 8.00	
	5	Clothes Dryer		\$ 8.00	
SPECIAL CIRCUITS AND ADDITIONS	6	Feeder		\$ 9.00	
	7	Pool, Hot tub / Sauna or Jacuzzi		\$ 14.00	
	8	Special Power Circuit		\$ 9.00	
	9	Generator		\$ 29.00	
	10	Sign Per Circuit		\$ 7.00	
	11	Outlets Added to Existing Circuit		\$ 0.75	
	12	Smoke Detectors		\$ 0.75	
FIXTURES	13	Light Fixture or Lampholding Device (also retrofits of fixtures)		\$ 0.75	
MOTORS AND AIR CONDITIONING	14	1 HP or less		\$ 5.00	
	15	Over 1 HP		\$ 7.00	
	16	Water Well Motor		\$ 7.00	
SERVICE <small>(Select applicable service(s))</small> <input type="checkbox"/> New Service Change <input type="checkbox"/> New Load Center	17a	480 Volts or less	Per Meter (100 AMPS or Less)	\$ 11.00	
	17b		Each Additional Amp	\$ 0.06	
	18	Over 480 Volts	Each Service Entrance	\$ 71.00	
	19	Construction Service (480 Volts or less)		\$ 14.00	
	20	Construction Service (Over 480 Volts)		\$ 28.00	
MISCELLANEOUS	21	Re-Inspection of Discontinued Service (Meter Reset - Only 1 Meter/Permit)		\$ 11.00	
	22	Transformer		\$ 11.00	
	23	Miscellaneous		\$ 14.00	
	24	Photovoltaic (Solar) System		\$ 29.00	
		Investigation Fee			
		PERMIT ISSUANCE FEE		\$ 25.00	\$ 25.00
Total					

VISA or MASTERCARD accepted for payment.

Applicant's Signature: _____

OFFICE USE ONLY		
Date/Time Application Received: _____	Fee: _____	Receipt #: _____