



Electrical Permit Application

Economic & Community Development Department
1500 Chapline Street - Room 308 Wheeling, West Virginia 26003
Phone: 304-234-3601 Fax: 304-234-3683 www.WheelingWV.gov

BP#

EP#

APPLICANT INFORMATION

Date: _____
Applicant's Name: _____
Applicant's Phone #: _____
Contractor #: _____
WV Fire Marshal #: _____
Owner's Name: _____
Owner's Address: _____

LOCATION INFORMATION

Address: _____
Flood Zone: Yes No Vacant: Yes No
Type of Building: Residential / Commercial
No. of Floors: _____
Work Location to be used as: (Circle one)
Business Office Single Family Dwelling
Medical Office Multi Family Dwelling
Commercial Garage Residential Garage
Retail Store Other: _____

SERVICE		
Service Voltage:		Cost of Service: _____
Service Disconnect Size:		
Service Conductor Size:		
Mast: Yes: Size in inches ____ (AEP requires 2 " min RMC)		
No		
Conductor Type (circle all that apply): THHN USE-2 \ RHH \ RHW-2 Other: _____		
Wiring Method: Cable: _____	Raceway: _____	
Type: _____	Type: _____	
FEEDERS		
Wiring Method: Cable: _____	Raceway: _____	Conductor: _____
Type: _____	Type: _____	Type: _____
BRANCH CIRCUIT (Electrical Layout Required before permit will be issued.)		
Wiring Method: Cable: _____	Raceway: _____	Conductor: _____
Type: _____	Type: _____	Type: _____
Number of: Branch Circuits: _____	Receptacles: _____	Switches: _____
Light Fixtures: _____	Hardwired / interconnected smoke detectors: _____	
Other (please define): _____		
Describe Work: _____ _____		
Total Cost of Electrical Work: _____		

Signature of Applicant

Code Official / Inspector

Print Name & Address

Permit Fee