



**Manual Entry Form for Electrical Permit**  
**State Fire Marshal Division**  
**Electrical Bureau**  
**215 E 7th Street, Des Moines IA 50319**  
**1-866-923-1082 Fax (515) 725-6151**

For credit/debit card purchase go to [iowaelectrical.gov](http://iowaelectrical.gov)  
 For purchase by check, money order, or cashier's check, fill out this form.  
 Fill out the following information to create your permit. Please keep copy for your records and send us the original.

**\* Refund of permit/inspection fees: Request for refunds of unused permit/inspection fees should be sent to: State Fire Marshal Division/Electrical Bureau. Unless approved by the chief electrical inspector, refund requests for amounts of \$25 or less, or for fees that were paid more than one (1) year from the date of the purchase will not be refunded.**

**\*\*Note: Homeowner accounts are for homeowners who wish to perform electrical work on an existing home they both own and live in.**

**\*\* NEW HOMES MUST BE WIRED BY A LICENSED ELECTRICAL CONTRACTOR. \*\***

Are you a:  
 Homeowner:  Farmer:  Contractor:

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-Mail (If available): \_\_\_\_\_

<b>Your Mailing Address:</b>  <hr/> <hr/> <hr/>
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State Contractor Electrical License Number (If applicable): \_\_\_\_\_

**Permit Information**

Project Title: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Project Type:  New  Addition  Renovation  Doesn't involve a structure  
 Utility Company Servicing Property: \_\_\_\_\_  
 Utility Company Phone Number: \_\_\_\_\_

Project Description:    
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**\*\*First/Last Name** \_\_\_\_\_ **Project Title:** \_\_\_\_\_

**Electrical Service Fees:**

For new services, changes of services, temporary services, additions, alterations, or repairs on either primary or secondary services, the fees are as follows:

- Electrical Service(s) 0-100amp rated \_\_\_\_\_ x \$25.00 = \_\_\_\_\_
- Electrical Service(s) 101-200amp rated \_\_\_\_\_ x \$35.00 = \_\_\_\_\_
- Each additional 100amps or fraction there of \_\_\_\_\_ x \$20.00 = \_\_\_\_\_

**Branch Circuit and Feeders: **\*\*Minimum of 1 with Electrical Service -- 0 with no service\*\*****

- Number of Branch Circuits or Feeders \_\_\_\_\_ x \$5.00 each = \_\_\_\_\_

**Inspections Requested: (Minimum of one with every permit)**

If you need help determining how many inspections you will need for your project, please contact your State Electrical Inspector Supervisor. Call 1-866-923-1082 to get contact info.

- Number of Inspections Requested \_\_\_\_\_ x \$25.00 = \_\_\_\_\_

**Field Irrigation Systems:**

If this project includes the installation of a Field Irrigation System, please specify the quantity below. The inspection cost per system is \$60.00

- Number of Field Irrigation Systems \_\_\_\_\_ x \$60.00 = \_\_\_\_\_

**TOTAL COST OF ELECTRICAL PERMIT:** \_\_\_\_\_ = \_\_\_\_\_

Electrical permit must be purchased by either Personal or Cashiers Check, or Money Order (No Cash).

***Make Payment to: Electrical Examining Board (EEB)***

**Inspection Request Information:**

Please fill out the following information so that we can schedule the inspection.

- Note, the inspector has 3 business days from the date of receipt of inspection request, to perform the inspection. If you schedule an inspection further out then 3 days, the inspection will be performed on the date requested if possible. The inspector will contact you to make arrangements to perform the inspection.

Contact Phone # (for scheduling, etc): \_\_\_\_\_ alternate phone # \_\_\_\_\_

Notes to Inspector: