



# DEPARTMENT OF BUILDING INSPECTION WORKSHEET FOR ELECTRICAL PERMIT

Please complete **BOTH SIDES** of this worksheet prior to application for permit issuance. Homeowners' applications are processed directly at the Inspection Services on the 4<sup>th</sup> floor. For all other installations, a valid California State Contractors license and a valid San Francisco Business Tax registration are required. Present this worksheet to the Permit Center, 2<sup>nd</sup> Floor. Required information is shown in **bold**.

<b>Job Address:</b>	<b>Permit #</b>
	<b>Floor (Job Location):</b>

**Contractor**
                         
  **Homeowner** *(For Surveys Only)*
                         
  **Other**

<b>Contractor License #:</b>	<b>License Class:</b>	<b>Business Tax License #:</b>
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<b>Contractor Company Name: (if applicable)</b>	<b>Applicant Signature:</b>
<b>Applicant Name:</b>	<b>Applicant Phone:</b>
<b>Applicant Address:</b>	<b>Applicant Cell Phone:</b>
<b>Property Owner Name:</b>	<b>Owner Phone:</b>
<b>Owner Address:</b>	<b>Owner Cell Phone:</b>

<b>Describe Scope of Work:</b> (Include area(s) of work, electrical distribution equipment, devices, and utilization equipment, if applicable). Locations (describe area, tenant name, suite #, etc.)	<b>Office Use Only</b>

<b>Services No. &amp; Sizes</b>				
<b>Feeders No. &amp; Size</b>				<b>Circuits</b>
<b>Panelboards / Switchboards No. &amp; Sizes</b>				
<b>Transformers No. &amp; Sizes</b>				
<b>No. of Lights</b>	<b>Switches</b>	<b>Receptacles</b>	<b>Fans</b>	<b>Dishwashers</b>
<b>Garbage Disposals</b>	<b>Microwaves</b>	<b>Ranges</b>	<b>Hydro-massage Tubs</b>	<b>Smoke Detectors</b>
<b>Other Equipment:</b>				

PLEASE REVIEW PERMIT FOR ACCURACY. OMISSIONS AND CORRECTIONS REQUIRE A NEW PERMIT.  
 REFER TO THE FEE SCHEDULE FOR FEE DESCRIPTION AND NUMBER OF INSPECTIONS INCLUDED.  
 For Solar Systems over 4KW, please use Electrical Solar Permit Worksheet and submit to [DBI.PVPLANS@sfgov.org](mailto:DBI.PVPLANS@sfgov.org)

