



23204 58th Avenue W
 Mountlake Terrace, WA 98043
 Phone 425.744.6267
PermitSpecialist@mtlwa.gov
www.cityofmlt.com

ELECTRICAL PERMIT APPLICATION

FOR STAFF USE ONLY	
Permit # _____	Receipt # _____
Fee \$ _____	Plan Check Fee \$ _____
Total \$ _____	
RECEIVED BY: _____ (Initials) DATE: ____/____/____	

Check One: **Multi-Family** **Commercial** **Other**

Job Site Address: _____

Description of Work: _____

Project Value: \$ _____

Commercial / Multi-Family Submittal Requirements:

1. The Permit Contact Information Form (next page) is required to accompany this application.
2. Intake appointments are required for Electrical Permit Application submittals. Please click here: [Intake Appointment Request Form](#) and submit the completed form.
3. Two sets of electrical plans must be submitted. Include basic wiring and riser diagrams, load, fault, and heat loss calculations and verifying compliance with Washington State Energy Code Requirements (Electrical Fault Current Calculation Form).
4. Plan review fee must be paid with this application.
5. Electrical inspections are required with EVERY Electrical Permit application. Please call the Inspection Scheduling Hotline at 425-775-9694.

Single-Family Residential Items	Quantity
Service: <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Repair	
Circuits	
HVAC	
Low Voltage: <input type="checkbox"/> Fire Alarm	
<input type="checkbox"/> Security	
<input type="checkbox"/> Telephone/Data/Music	
<input type="checkbox"/> Temperature Control	
<input type="checkbox"/> Other	

I certify the information provided on this permit application is true and correct.

Owner / Agent _____ Date _____

Signature

Owner / Agent _____

Print



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PERMIT CONTACT INFORMATION

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Permit(s) Number(s): _____

PROCESSED BY: _____ (Initials) **DATE:** ____/____/____

Project Name/Name of Business (If Applicable) _____

Subject Property Address _____ **Suite No.** _____

Parcel Number(s) _____

Applicant _____

Mailing Address _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

Property Owner _____

Mailing Address _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

Contractor _____

If Applicable

Mailing Address _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail: _____

State License # _____ Expires _____ City Business License # _____ Expires _____

Contact Person: _____

This person is designated by the applicant to receive all communications, correspondence, determinations and notices as required by development regulations.

Mailing Address: _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail: _____

Design Professional: _____

Mailing Address: _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail: _____

Signed: _____ **Print Name:** _____ **Date:** _____