



Development Services

Permit Processing 425-452-4898

Application for Electrical

APPLICATION DATE	TECH INITIALS	PLAN REVIEW waived by	PERMIT #
------------------	---------------	-----------------------	----------

Job Information

Job Address _____ Suite _____ Floor _____
Parcel # _____ Property Owner _____
Project Name (if applicable) _____
Value of the Work (fair market value of labor & materials) \$ _____ Current Building Permit # _____

Occupancy Type: ___ Single Family Residential ___ Multi Family Residential ___ Non-Residential

Activity Type: ___ New Structure ___ Addition to Existing Structure ___ Alteration to Existing Structure ___ Repair or Replacement

Electrical Contractor Information

Electrical Contractor _____ Phone (_____) _____
Address _____ City, State, Zip _____

Electrical Contractor's State License # _____

Electrical Contractor's Bellevue Business License # _____ **Required.** Please call the Tax Office at 425-452-6851

Contact Person _____ Phone (_____) _____

Email Address _____ Fax (_____) _____

Additional Electrical Selection Criteria:

To be filled out for non-residential and multifamily residential projects. See **reverse side**.

Description of Electrical Work (indicate number of fixtures) See **reverse side** for plan review requirements.

- | | | |
|---|--|---|
| <input type="checkbox"/> Added or Altered Branch Circuits | <input type="checkbox"/> Ground Rod | <input type="checkbox"/> Sign Circuit |
| <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Heat Pump | <input type="checkbox"/> Small Kitchen Appliance |
| <input type="checkbox"/> Automatic Transfer Switch | <input type="checkbox"/> Heat Strip | <input type="checkbox"/> Smoke Control System |
| <input type="checkbox"/> Carnival or Street Fair | <input type="checkbox"/> Heat Trace | <input type="checkbox"/> Smoke Detectors (Single Family only) |
| <input type="checkbox"/> Clothes Dryer | <input type="checkbox"/> Hood Fan | <input type="checkbox"/> Smoke or Fire Damper |
| <input type="checkbox"/> Clothes Washer | <input type="checkbox"/> HVAC Equipment-Inside | <input type="checkbox"/> Solar Photovoltaic System |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> HVAC Equipment-Outside | <input type="checkbox"/> Subpanel |
| <input type="checkbox"/> Egress Lighting | <input type="checkbox"/> Industrial Equipment | <input type="checkbox"/> Switches |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Light Fixtures | <input type="checkbox"/> Temporary Service (amps = _____) |
| <input type="checkbox"/> Exit Sign | <input type="checkbox"/> Office Furniture | <input type="checkbox"/> Transformer |
| <input type="checkbox"/> Fan | <input type="checkbox"/> Paint Spray Booth | <input type="checkbox"/> Uninterruptable Power Supply |
| <input type="checkbox"/> Feeder | <input type="checkbox"/> Panel (amps = _____) | <input type="checkbox"/> Vehicle Charging Station |
| <input type="checkbox"/> Fire Pump | <input type="checkbox"/> Pool, Hot Tub, Spa or Sauna-Indoor | <input type="checkbox"/> Water Heater |
| <input type="checkbox"/> Fuel Cell | <input type="checkbox"/> Pool, Hot Tub, Spa or Sauna-Outdoor | <input type="checkbox"/> Welder |
| <input type="checkbox"/> Furnace | <input type="checkbox"/> Pressurization Fan | <input type="checkbox"/> Well Pump |
| <input type="checkbox"/> Garbage Compactor | <input type="checkbox"/> Pump | <input type="checkbox"/> Wind Driven Generator System |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Range or Oven | <input type="checkbox"/> Work in Right of Way |
| <input type="checkbox"/> Gas Pump | <input type="checkbox"/> Receptacles | <input type="checkbox"/> X-Ray Machine |
| <input type="checkbox"/> Gate | <input type="checkbox"/> Resistance Heater | |
| <input type="checkbox"/> Generator-Inside | <input type="checkbox"/> Service | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Generator-Outside | <input type="checkbox"/> Service Change (amps = _____) | _____ |
| <input type="checkbox"/> Generator-Upgrade or modify | <input type="checkbox"/> Sewage Pump | _____ |

Description of Low Voltage Electrical Work (indicate number of fixtures)

(For Nonresidential and MTF residential only. Low Voltage permit not required for single family)

- | | | |
|--|---|--|
| <input type="checkbox"/> Cable TV or CCTV | <input type="checkbox"/> Intercom & Communication | <input type="checkbox"/> Security System |
| <input type="checkbox"/> Control Wire | <input type="checkbox"/> Landscape Lighting | <input type="checkbox"/> Speaker Wire |
| <input type="checkbox"/> Energy Management | <input type="checkbox"/> Lighting System | <input type="checkbox"/> Telecommunications System |
| <input type="checkbox"/> Irrigation Control System | <input type="checkbox"/> Nurse Call | <input type="checkbox"/> T-Stat or HVAC Control |

I understand this application will expire if not issued within 365 days. BCC 23.05.090(H)

I hereby certify that I am the owner (or owner's authorized agent) of this property or an appropriately licensed contractor (or the firm's authorized agent) and the installation of the work described will be performed in accordance with all applicable laws & codes, including state contractor registration laws. I understand that failure to comply may result in revocation of any permit from this application.

Signature _____ Date _____

Additional Electrical Selection Criteria: (to be filled out for non-residential and multifamily residential projects)

Use Type: ___ Assisted Living ___ Boarding Home ___ Correctional/Detention Facility ___ Educational ___ Healthcare* ___ All Other Cases

***If Healthcare is picked, what is the facility type (check only one)?**

- | | | |
|------------------------------------|-------------------------------|--|
| ___ Acupuncture Clinic | ___ Group Care | ___ Outpatient or Ambulatory Surgical Clinic |
| ___ Adult Residential Rehab Center | ___ Hospice Care | ___ Private Alcoholism Hospital |
| ___ Alcoholism Treatment | ___ Hospital | ___ Private Psychiatric Hospital |
| ___ Ambulatory Surgery | ___ Maternity Home | ___ Renal Hemodialysis Clinic |
| ___ Birth Center | ___ Medical Clinic | ___ Residential Treatment to Psychiatrically Impaired Children |
| ___ Chiropractic Clinic | ___ Not Applicable | |
| ___ Dental Clinic | ___ Nursing or Long Term Care | |

Does the work include any of the following?

- Adding 100 amps or more to the service or feeder (excluding temporary services not exceeding 400 amps) ___ YES ___ NO
- Installing/altering 2,500 square feet or more ___ YES ___ NO
- Installing/altering a service or feeder rated 100 amps or more (excluding temporary services not exceeding 400 amps) ___ YES ___ NO
- Installing/altering equipment/wiring that operates at 600 volts or more ___ YES ___ NO
- Replacing 50% or more of lighting luminaries ___ YES ___ NO
- Work in a hazardous location - per Article 500 NEC ___ YES ___ NO
- Work on electrical systems operating at or over 600 volts ___ YES ___ NO

Does the scope of work meet any of the following criteria?

Lighting specific project with less than 50% of the luminaries being replaced and the electrical load is reduced on each feeder involved in the project.
___ YES ___ NO ___ N/A

Modification to an existing electrical installation where **all** of the following conditions are met:

- Service or distribution equipment involved is rated not more than 99 amperes and does not exceed 250 volts;
 - Does not involve emergency systems other than listed unit equipment per NEC 700.12(F);
 - Does not involve branch circuits or feeders of an essential electrical system as defined in NEC 517.2; and
 - Service and feeder load calculations are increased by 5% or less.
- ___ YES ___ NO ___ N/A

Stand-alone utility-fed service that does not exceed 250 volts, 99 amps where the project's distribution system **does not** include:

- Emergency systems other than listed unit equipment per NEC 700.12(F);
 - Critical branch circuits or feeders as defined in NEC 517.2; or
 - A required fire pump system.
- ___ YES ___ NO ___ N/A

Plan Review Requirements for Electrical Applications

When are PLANS required?	<ul style="list-style-type: none"> • New non residential building • New multifamily residential projects (3 or more dwelling units per building) • Installations or alterations over 2500 square feet • Existing or new non residential or multifamily residential <ul style="list-style-type: none"> ○ Service Alterations ○ Generators ○ Subpanels ○ Transformers ○ Feeders • Increase in load of 100 amps or more • Any installation or alteration in a space with health care, educational and institutional occupancy categories • Photovoltaic Systems and Wind Driven Generator System on non residential, multifamily residential and single family residential properties • Where 50% or more of the lighting luminaries are new 		
Copies of the plans and other documents	2 copies of Electrical Plans		
Plan Requirements	See Electrical Plan Review Submittal Guide / Checklist		
Who can answer code or plan review questions?	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> Bob Johnston (425) 452 – 4574 bjohnston@bellevuewa.gov </td> <td style="width: 50%; text-align: center;"> Steve Leighton (425) 452-4569 sleighton@bellevuewa.gov </td> </tr> </table>	Bob Johnston (425) 452 – 4574 bjohnston@bellevuewa.gov	Steve Leighton (425) 452-4569 sleighton@bellevuewa.gov
Bob Johnston (425) 452 – 4574 bjohnston@bellevuewa.gov	Steve Leighton (425) 452-4569 sleighton@bellevuewa.gov		