

| | | |
|--|---|------------------------------|
| W240 N3065 Pewaukee Road Phone – 262-691-9107 Fax – 262-691-6039 | ELECTRIC PERMIT APPLICATION CITY or VILLAGE OF PEWAUKEE *NOTE*: All Highlighted Areas must be completed | Permit No. Parcel No. |
|--|---|------------------------------|

| | |
|----------------------|------------|
| Building Type | Use |
|----------------------|------------|

| | |
|-------------------------------|------------------|
| Building Site Address: | Suite No. |
|-------------------------------|------------------|

| | | |
|----------------------|-----------------|-------|
| Owner's Name: | Mailing Address | Tel. |
| | Email Address | Cell# |
| Tenant's Name: | Mailing Address | Tel. |
| | Email Address | Cell# |
| Contractor Name: | Mailing Address | Tel. |
| | Email Address | Cell# |
| Contractor License # | | |

| | |
|----------------------------|-------------------------------------|
| PROJECT DESCRIPTION | ESTIMATED PROJECT COST \$ |
|----------------------------|-------------------------------------|

| | |
|--|---|
| PROJECT TYPE | SERVICE TYPE |
| <input type="checkbox"/> Single Family <input type="checkbox"/> Industrial <input type="checkbox"/> Other: <input type="checkbox"/> Multi-Family <input type="checkbox"/> Institutional <input type="checkbox"/> Commercial <input type="checkbox"/> Utility | <input type="checkbox"/> New <input type="checkbox"/> Overhead to underground <input type="checkbox"/> Rewire <input type="checkbox"/> Overhead to Overhead <input type="checkbox"/> Temporary <input type="checkbox"/> Underground to Overhead |

| | | | | |
|---|--|--|--|--|
| 1. PROJECT | 3. STORIES | 4. USE | 5. SERVICE SIZE | 6. GROUNDING SYSTEM |
| <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: _____ | # of Stories _____ <input type="checkbox"/> Mezzanine <input type="checkbox"/> Other <input type="checkbox"/> Plus Basement | <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____ | _____ AMPS _____ VOLTS PHASE <input type="checkbox"/> One <input type="checkbox"/> Three No. of Meters: _____ Service Equipment Interrupt Rating _____ amps Utility Available Short Circuit Current _____ amps | <input type="checkbox"/> Ground Rods <input type="checkbox"/> Concrete Encased Electrode <input type="checkbox"/> Other: _____ |
| 2. ELECTRICAL AREA INVOLVED (sq. ft) | | | | |
| AREA | UNIT 1 | UNIT 2 | TOTAL | |
| Unfin. Bsmnt | | | | |
| Finish Bsmnt | | | | |
| 1 st Floor | | | | |
| 2 nd Floor | | | | |
| 3 rd Floor | | | | |
| Att. Garage | | | | |
| Enc. Porch | | | | |
| Open Porch | | | | |
| Deck | | | | |
| Other: | | | | |
| Totals | | | | |
| 7. RE-WIRE SERVICE DETAILS (check all that apply) | | | | |
| <input type="checkbox"/> Permanent Connections Made <input type="checkbox"/> Permanent Connections Required <input type="checkbox"/> Service Drop Relocation / Placement required <input type="checkbox"/> Additional/New Meter Install required | | | | |
| 8. FEEDER SIZE | | | | |
| _____ AMPS _____ VOLTS No. of Feeders _____ PHASE <input type="checkbox"/> One <input type="checkbox"/> Three No. of Meters: _____ | | | | |
| 9. LOW VOLTAGE | | | | |
| <input type="checkbox"/> DATA <input type="checkbox"/> CATV <input type="checkbox"/> AUDIO <input type="checkbox"/> VIDEO <input type="checkbox"/> ALARM <input type="checkbox"/> Other: _____ | | | | |

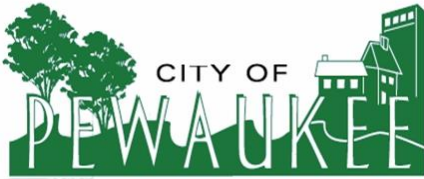
I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an electrical or construction permit without a Dwelling Contractor Financial Responsibility Certification or electrical license and have read the cautionary statement regarding contractor responsibility. No refunds issued after work has begun. By applying for this permit, you are authorizing City personnel to inspect this property within the scope of their duties.

| | |
|------------------------------------|--------------------------|
| APPLICANT'S SIGNATURE _____ | DATE SIGNED _____ |
|------------------------------------|--------------------------|

| | |
|----------------------------|---|
| APPROVAL CONDITIONS | This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval. |
|----------------------------|---|

| | | | |
|--|--|---|---|
| PERMIT FEES: | Fees for work begun without permit | ACTIVE PERMITS | PERMIT ISSUED BY: |
| Permit \$ _____ Total \$ _____ From fee calculations OR Minimum, whichever is greater. | <input type="checkbox"/> FAILURE TO OBTAIN PERMIT FEES DOUBLE Total Doubled \$ _____ | Active building permit No. <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # _____ Municipality # of Dwelling Location _____ | Name _____ Date _____ Tel. _____ Cert No. _____ |



Building Services Department
 W240 N3065 Pewaukee Road
 Pewaukee, WI 53072
 (262) 691-9107 Fax: (262) 691-6039



ELECTRICAL PERMIT FEES WORKSHEET

OWNER: _____ **PHONE:** _____

SITE ADDRESS: _____

DESCRIPTION

FEE

I. GENERAL

a. New Building and Additions (does not include electric service) \$100.00 base fee **plus** _____
 _____ x \$0.07/sq ft/floor _____

b. Alterations- Residential (does not include electric service) \$120 Flat Fee _____

c. Alterations- Commercial (does not include electric service) \$50.00 base fee **plus** _____
 _____ x \$0.07/sq ft/floor _____

d. Service
 First 200 amps \$75.00 **plus** _____
 Each additional 100 amps _____ x \$10.00/100 amps >200 _____

e. Feeder \$75.00 _____

f. Low Voltage - Multi-Family & Non-Residential Buildings \$50.00 base fee plus _____
 _____ x \$0.01/sq ft /floor (\$50.00 min) _____

g. Minimum fee for all other work (rewire furnace, water heater, etc) \$60.00/inspection _____

SUBTOTAL

X2: Fees double if work started w/out permits _____