

W240 N3065 Pewaukee Road Phone – 262-691-9107 Fax – 262-691-1798	ELECTRIC PERMIT APPLICATION CITY or VILLAGE of PEWAUKEE	Permit No. Parcel No.
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Building Type	Use
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Building Site Address:	Suite No.
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Owner's Name:	Mailing Address	Tel.
		FAX
Tenant's Name:	Mailing Address	Tel.
		FAX
Contractor Name:	Mailing Address	Tel.
		FAX
Contractor License #		

PROJECT DESCRIPTION	ESTIMATED PROJECT COST \$
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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. See attached for conditions of approval.

PERMIT FEES:	Fees for work begun without permit	ACTIVE PERMITS	PERMIT ISSUED BY:
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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 <div style="text-align: center; font-weight: bold;">67-270</div>	Name _____ Date _____ Tel. _____ Cert No. _____
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Pewaukee
Building Services Department
 W240 N3065 Pewaukee Rd
 Pewaukee, WI 53072
 Phone (262) 691-9107 Fax (262)691-1798



ELECTRICAL PERMIT FEES WORKSHEET

OWNER: _____

ADDRESS: _____

DESCRIPTION	FEE	
I. GENERAL		
a. <u>Minimum Fee All Permits</u>	_____ x \$60.00/inspection	_____
b. <u>New Buildings & Additions</u> (does not include electric service)	\$100.00 base fee plus	_____
	_____ x \$0.07/sq. ft/floor	_____
c. <u>Alterations</u> (does not include electric service)	\$50.00 base fee plus	_____
	_____ x \$0.07/sq. ft/floor	_____
d. <u>Service</u>		
First 200 amps	\$75.00 plus	_____
Each additional 100 amps	_____ x \$10.00/100 amps >200	_____
e. <u>Low Voltage</u> - Multi-Family & Non-Residential Buildings	\$50.00 base fee plus	_____
	_____ x \$0.01/sq. ft/floor	_____
	SUBTOTAL	_____
	x2: Fees double if work started without permit.	_____
	TOTAL AMOUNT DUE	_____