

W240 N3065 Pewaukee Road Phone – 262-691-9107 Fax – 262-691-6039 buildingservices@pewaukee.wi.us	ELECTRIC PERMIT APPLICATION CITY or VILLAGE OF PEWAUKEE *NOTE*: All Highlighted Areas must be completed	Permit No. Parcel No.
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Building Type	Use
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Building Site Address:	Lot No.
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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 #	Contractor License Expiration Date
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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 <input type="checkbox"/> Underground to Underground

PROJECT	USE	SERVICE SIZE	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: _____	<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: _____	<input type="checkbox"/> Ground Rods <input type="checkbox"/> Concrete Encased Electrode <input type="checkbox"/> Other: _____

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			

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

FEEDER SIZE		
_____ AMPS	_____ VOLTS	No. of Feeders _____
PHASE <input type="checkbox"/> One <input type="checkbox"/> Three No. of Meters: _____		

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: _____	

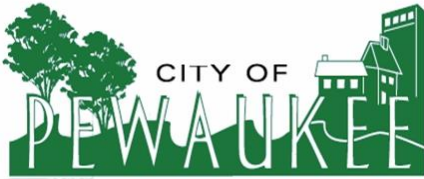
The applicant and property owner(s) hereby certify that: 1) all statements and other information submitted as part of this application are true and correct to the best of applicant's and property owner(s)' knowledge; 2) the applicant and property owner(s) has/have read and understand all information in this application; and 3) the applicant and property owner(s) agree that any approvals based on representations made by them in this Application and its submittal, and any subsequently issued building permits or other type of permits, may be revoked without notice if there is a breach of such representation(s) or any condition(s) of approval.

By execution of this application, the property owner(s) authorize the City of Pewaukee and/or its agents to enter upon the subject property(ies) between the hours of 7:00 a.m. and 7:00 p.m. daily for the purpose of inspection while the application is under review. The property owner(s) grant this authorization even if the property has been posted against trespassing pursuant to Wis. Stat. §943.13.

APPLICANT'S SIGNATURE _____	DATE SIGNED _____
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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 list if there are any conditions of approval.

PERMIT FEES:	Fees for work begun without permit	ACTIVE PERMITS	PERMIT ISSUED BY:
Permit \$ _____	<input type="checkbox"/> FAILURE TO OBTAIN PERMIT FEES DOUBLE Total Doubled \$ _____	Active building permit No. <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____
Total \$ _____		Permit # _____	Cert No. _____
			Date _____



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



ELECTRICAL PERMIT FEES WORKSHEET

Please note all permits must meet inspection fee minimum

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 (each) _____

f. Subpanel \$75.00 (each) _____

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

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

i. Minimum fee for all other work - Commercial (rooftop units, water heater, etc) \$100.00/inspection _____

SUBTOTAL _____

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