

VILLAGE OF SUMMIT

37100 Delafield Road Summit, WI 53066

For Inspection, call: (262) 490-4141

| PERMIT NO. | |
|-------------------|--|
| TAX KEY # | |
| BUILDING PERMIT # | |

Electrical Permit Application

| PROJECT LOCATION (Building Address) | | |
|-------------------------------------|--------------|--------------------|
| PROJECT DESCRIPTION | □ COMMERCIAL | □ ONE & TWO FAMILY |

| | | | | □ COMMERCIAL | □ ONE | & TWO FAMILY | |
|--|---|--------------|--|---|-----------------|--------------|--|
| OWNER'S NAME | | MAILING AD | DDRESS - INCLUDE CITY & ZIP | TELEPHONE - INCLUDE AREA CODE | | | |
| CONTRACTOR'S NAME | ONTRACTOR'S NAME MAILING ADDRESS - INCLUDE CITY & ZIP TELEPHONE - INCLUDE AREA CODE | | | | | | |
| ESTIMATED COST | | MASTER EL | ECTRICIAN LICENSE NUMBER | | | | |
| | SCHEDULE OF | INSPECTION | FEES | EACH | COUNT | FEE | |
| NEW BUILDING, ADDITION, | Base Fee | | | \$50.00 | | | |
| REMODELING | Plus | | | .09/Sq. Ft. For All Areas | Sq. Ft. | | |
| REPLACEMENT, M | | | | | | | |
| 2. Power receptacle over 3. Lighting fixtures - incar 4. Tubular lamp, such as 5. Arc light, search light, 6. Temporary wiring instar 7. Service switch, each of First 200 an Over 200 at 8. Feeder, subfeeder, and 9. Refrigeration unit up to 10. Residential gas burner 11. Air conditioner up to 12. Combination heating 13. Range, oven, clothes 14. Each motor, per HP or 15. Dispenser - gasoline, for 16. Each generator, trans 17. Electric unit heating do 18. Dimmer and rheostats 19. Swimming pool (Electric 20. Sign - Fluorescent, need 21. Strip lighting, plug-in st 22. Audible or visual elect 23. Fans - Bath - Paddle at 24. Hydro Massage & Hot 25. Photo cell, clocks, small 26. Fire alarm system, exit 27. Approved assemblies 28. Sanitary Ejector/Grind 29. Trenches-All Electrical 30. Other (Specify) | er 150 volts | se and poles | hereof | 4.00 2.00 80.00 50.00 1.00 ff. 5.00 5.00 50.00 50.00 50.00 \$25.00+\$1.00/ff 25.00 | | | |
| Reinspect Fee | | | | | | | |
| The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hours notice on all inspections. SIGNATURE OF APPLICANT | | | | | | | |
| FEES: | REC | EIPT | PERMIT EXPIRATION: | PERMIT ISSU | JED BY MUNICIPA | L AGENT: | |
| Inspection Fee | 110111 | | Permit Expires 90 Days from date unless noted below. | Name | | | |
| ON PERMITS | Rec. By | | | Certification No | | | |