Municipality _____
Bobbie Krozell – Building Inspector
N3082 Grass Lk. Rd., Clintonville, WI 54929
(715) 823-9140 Fax (715) 823-9110

Permit No. _____
Parcel No. _____
Receipt No. _____
Permit Fee _____
Date _____

Check NO. _____

ELECTRICAL PERMIT

TO THE ELECTRICAL INSPECTOR:
I hereby agree, with the issuance of this permit, to do only the work specified herein and to faithfully comply with the laws and regulations of the State of Wisconsin and the ordinances of the municipality.

NAME OF OWNER	PROJECT ADDRESS AND PHONE

TYPE OF BUILDING		WHY ISSUED		
☐ One Family	☐ New Building	☐ Separate Garage		☐ Rewire
☐ Two Family		☐ Pool	☐ Basement	☐ New
☐ Commercial/Industrial		☐ Hot tub	☐Other____	☐ Demo
☐ Multi-Family		☐ Addition	☐ Remodel	☐ Other _____

CLASS OF SERVICE			
☐ New	Meters Required _____	☐ Single Phase	☐ Two Wire
☐ Service Change	Amp _____	☐ Three Phase	☐ Three Wire
☐ Temporary	Voltage _____		☐ Four Wire

List a brief description of the work and the areas where the work will be conducted:

_____

_____

_____

Send fees and both copies to the Electrical Inspector. Receipt and your copy will be returned upon approval. Submit approved plans when required. **Call 715-823-9140 for all required inspections.**

Licensed Master Electrician (Print) License No. _____ **Estimated Cost** _____

Signature of Applicant _____ Job Foreman/Daytime Telephone Number _____

Electrical Contractor _____ Electrical Inspector _____

REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST AND IF FEASIBLE

White – Office Yellow - Applicant