

TOWN OF CHASE ELECTRICAL PERMIT

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

Date _____

Check NO. _____

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 |
|---|---|
| <input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Separate Garage <input type="checkbox"/> Pool <input type="checkbox"/> Hot tub <input type="checkbox"/> Addition <input type="checkbox"/> Basement <input type="checkbox"/> Other _____ <input type="checkbox"/> Remodel <input type="checkbox"/> Rewire <input type="checkbox"/> New <input type="checkbox"/> Demo <input type="checkbox"/> Other _____ |

| CLASS OF SERVICE | | | |
|---|---|---|--|
| <input type="checkbox"/> New <input type="checkbox"/> Service Change <input type="checkbox"/> Temporary | Meters Required _____ Amp _____ Voltage _____ | <input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase | <input type="checkbox"/> Two Wire <input type="checkbox"/> Three Wire <input type="checkbox"/> 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