

# Electrical Service Permit Application

Electrical Provider \_\_\_\_\_

Owner's Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Property Address \_\_\_\_\_

Township \_\_\_\_\_

Contractor's Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone No. \_\_\_\_\_

WI-MASTER ELECTRICAL-LICENSE # \_\_\_\_\_

WI-ELECTRICAL CONTRACTOR -LICENSE # \_\_\_\_\_

## TYPE OF SERVICE (CHECK APPROPRIATE SERVICE)

<input type="checkbox"/> Residence	<input type="checkbox"/> Temp. Service	<input type="checkbox"/> 1-Phase Service Entrance	_____ AMPS	_____ VOLTS
<input type="checkbox"/> Farm	<input type="checkbox"/> Center Yd. Pole	<input type="checkbox"/> 3-Phase Service Entrance	_____ AMPS	_____ VOLTS
<input type="checkbox"/> Commercial	<input type="checkbox"/> Permanent	<input type="checkbox"/> Underground	<input type="checkbox"/> Overhead	
<input type="checkbox"/> Solar/PV	<input type="checkbox"/> Generator	<input type="checkbox"/> Other		

CHECK ONE:  New Service

Rewire

## SERVICE OR SWITCH ALTERATION FEE:

Generator - \$150.00 \_\_\_\_\_  
Single phase, first 200 amp - \$90.00 \_\_\_\_\_  
Each additional 100 amp - \$25.00 \_\_\_\_\_  
3-phase, first 200 amp - \$125.00 \_\_\_\_\_  
Each additional 100 amp - \$30.00 \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Please make checks payable to: **Wisconsin Inspection Agency (WIA)**

Mail to: **WIA, P.O. Box 25, Okauchee WI 53069**

If work is started before permit is issued, fees are double. Failure to cancel inspection before scheduled inspection will result in a re-inspection fee. Call in advance to schedule an inspection date that works for all parties. Do not assume our schedule is the same as yours or the power companies.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Approved by Electrical Inspector \_\_\_\_\_

Date \_\_\_\_\_

Permit No. \_\_\_\_\_