

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"/> Other:			

CHECK ONE: New Service

Rewire

SERVICE OR SWITCH ALTERATION FEE:

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.

Signature of Applicant

Date

Approved by Electrical Inspector

Date

Permit No.