

P.O. Box 344 • 96 Russell Drive • Random Lake, WI 53075 Phone: (920) 994-4852 • Fax: (920) 994-2390

1 CHIII I I I I I	Permit No.					
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Electrical Permit Application

Owner's Name		Mailing Address (if different from project location above)			Phone No.		
Contracto	or's Name	Contractor's Mailing Address			Phone No.		
City, State	e & Zip Code		Email				
Licensed Master Electrician Signature		License No.	Expira	ation Date	Elec. Contr. Certification No		
		FEE SCH	EDULE				
ITEM	DESCRIP	TION	COUNT/SIZE	RATE	FEE		
1	Electric Service / Tempo	rary Electric Service		\$35.00/ea. up amp, \$10.00 of 100 thereas	every		
2	Feeder or sub feed	ler (sub-panel)		\$10.00			
3	Electrical for Hou	se/Apartment		\$0.03/sq	ft		
4	Electrical for			\$0.02/sq			
5	Electrical for Garage/Accessory Structure Automatic Central Heating/Cooling Devices			\$0.02/sq			
6		<u> </u>		\$30.00/e			
7 8	Electric Heating, S Swimming Po			\$1.25/k\ \$35.00 (In Gr \$20.00 (Above	ound)		
9	Sola			\$7.00/pai			
10	Other:						
	(Non-Refundable) Ba	se Permit Charge	1	\$40.00	\$40.00		
				Total			
omply with Municipality, vork is starte ational elect	OF APPROVAL: This permit is issued pursuant Municipal Ordinances and with the conditions and certifies that the above information is ac d shall not relieve the licensee from any liabil rical code. Only licensed/certified electricians work must be inspected by the	of this permit, understands that the curate. If work is started before a perrity. The undersigned hereby applies for may obtain an electrical permit and publishing Inspector. Call RI	comply may result in sus issuance of the permit cre nit is obtained, except in e or and agrees that such wo perform work as described K Inspections, Rog	pension of this permit of ates no legal liability, ex- emergencies, the fee shork shall conform to the d above. Permits are va er Kison at 414-	xpress or implied, of the Department, hall be doubled. Granting of a permit after wisconsin state electrical code and with lid for two years from the date below.		
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