

City of Oconto Falls
 500 N. Chestnut Street, Oconto Falls, WI 54154
 Phone: (920) 846-4505
 Fax (920) 846-4516

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 City of Oconto Falls.

NAME OF OWNER	PROJECT ADDRESS & PHONE
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TYPE OF BUILDING	WHY ISSUED
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<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Multi-Family	<input type="checkbox"/> New Building	<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 _____
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CLASS OF SERVICE			
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<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
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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 715-853-3166 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