

925 15th Avenue Union Grove, WI 53182 Office - 262-878-2123 Fax - 262-878-1680	<h2 style="margin:0;">ELECTRIC PERMIT APPLICATION</h2> <h3 style="margin:0;">TOWN OF YORKVILLE</h3>	Permit No. _____ Parcel No. _____																																																	
Building Type _____		Use _____																																																	
Building Site Address: _____		Suite No. _____																																																	
Owner's Name: _____	Mailing Address _____	Tel. _____ Fax# _____																																																	
Tenant's Name: _____	Mailing Address _____	Tel. _____ Fax# _____																																																	
Contractor's Name: _____	Mailing Address _____	Tel. _____ Fax# _____																																																	
Contractor License # _____																																																			
PROJECT DESCRIPTION _____		ESTIMATED PROJECT COST \$ _____																																																	
PROJECT TYPE <input type="checkbox"/> Single Family <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/> Multi-Family <input type="checkbox"/> Institutional <input type="checkbox"/> Commercial <input type="checkbox"/> Utility		SERVICE TYPE <input type="checkbox"/> New <input type="checkbox"/> Overhead to Underground <input type="checkbox"/> Rewire <input type="checkbox"/> Overhead to Overhead <input type="checkbox"/> Temporary <input type="checkbox"/> Underground to Overhead																																																	
1. PROJECT <input type="checkbox"/> New <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Raze <input type="checkbox"/> Addition <input type="checkbox"/> Move <input type="checkbox"/> Other: _____	3. STORIES # of Stories _____ <input type="checkbox"/> Mezzanine <input type="checkbox"/> Other <input type="checkbox"/> Plus Basement	4. USE <input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____	5. SERVICE SIZE _____ AMPS _____ VOLTS PHASE <input type="checkbox"/> One <input type="checkbox"/> Three No. of Meters: _____ Service Equipment Interrupt Rating _____ amps Utility Available Short Circuit Current _____ amps	6. GROUNDING SYSTEM <input type="checkbox"/> Ground Rods <input type="checkbox"/> Concrete Encased Electrode <input type="checkbox"/> Other: _____																																															
2. ELECTRICAL AREA INVOLVED (Sq. ft)																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">AREA</th> <th style="width:15%;">UNIT 1</th> <th style="width:15%;">UNIT 2</th> <th style="width:15%;">TOTAL</th> </tr> </thead> <tbody> <tr><td>Unfin Basement</td><td></td><td></td><td></td></tr> <tr><td>Finished Basement</td><td></td><td></td><td></td></tr> <tr><td>First Floor</td><td></td><td></td><td></td></tr> <tr><td>Second Floor</td><td></td><td></td><td></td></tr> <tr><td>Third Floor</td><td></td><td></td><td></td></tr> <tr><td>Attached Garage</td><td></td><td></td><td></td></tr> <tr><td>Enclosed Porch</td><td></td><td></td><td></td></tr> <tr><td>Open Porch</td><td></td><td></td><td></td></tr> <tr><td>Deck</td><td></td><td></td><td></td></tr> <tr><td>Other:</td><td></td><td></td><td></td></tr> <tr><td>Totals</td><td></td><td></td><td></td></tr> </tbody> </table>	AREA	UNIT 1	UNIT 2	TOTAL	Unfin Basement				Finished Basement				First Floor				Second Floor				Third Floor				Attached Garage				Enclosed Porch				Open Porch				Deck				Other:				Totals				7. RE-WIRE SERVICE DETAILS (check all that apply) <input type="checkbox"/> Permanent Connections Made <input type="checkbox"/> Permanent Connections Required <input type="checkbox"/> Service Drop Relocation / Placement Required <input type="checkbox"/> Additional/New Meter Install Required		
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8. FEEDER SIZE _____ AMPS _____ VOLTS No. of Feeders _____ PHASE <input type="checkbox"/> One <input type="checkbox"/> Three No. of Meters: _____																																																			
9. LOW VOLTAGE <input type="checkbox"/> DATA <input type="checkbox"/> CATV <input type="checkbox"/> AUDIO <input type="checkbox"/> VIDEO <input type="checkbox"/> ALARM <input type="checkbox"/> OTHER: _____																																																			
I agree to comply with all applicable codes, statutes and ordinances and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and certify that all the above information is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done. <input type="checkbox"/> I vouch that I am or will be an owner-occupant of this dwelling for which I am applying for an electrical or construction permit without a Dwelling Contractor Financial Responsibility Certification or electrical license and have read the cautionary statement regarding contractor responsibility. No refunds issued after work has begun. No refunds issued after work has begun. By applying for this permit, you are authorizing Town personnel to inspect this property within the scope of their duties.																																																			
APPLICANT'S SIGNATURE _____		DATE SIGNED _____																																																	
APPROVAL CONDITIONS This permit is issued pursuant to the following conditions. Failure to comply may result in suspension or revocation of this permit or other penalty. <input type="checkbox"/> See attached for conditions of approval.																																																			
PERMIT FEES:																																																			
Permit \$ _____ Total \$ _____ From fee calculation OR Minimum, whichever is greater.	Fees for work begun without permit <input type="checkbox"/> FAILURE TO OBTAIN PERMIT FEES DOUBLE Total Doubled \$ _____	ACTIVE PERMITS Active building permit No. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Permit # _____ Municipality No. of Dwelling Location _____	PERMIT ISSUED BY: Name _____ Date _____ Tel. _____ Cert No. _____																																																