



ELECTRICAL PERMIT APPLICATION

PLEASE PRINT

Submit to:
 Email: info@howardsgrovewi.gov
 Mail: Village of Howards Grove
 913 S Wisconsin Dr.
 Howards Grove, WI
 53083

DATE _____

PROJECT ADDRESS _____

OWNER _____ PHONE _____

OWNER MAILING ADDRESS _____

BUILDING USE: 1-FAMILY 2-FAMILY MULTI-FAMILY COMMERCIAL ACCESSORY

DESCRIPTION: NEW ADDITION ALTERATION SERVICE CODE CORRECT

CONTRACTOR _____ PHONE _____

MASTER ELECTRICIAN # _____ EXPIRATION DATE _____

ELECTRICAL CONTRACTOR LICENSE # _____ EXPIRATION DATE _____

PROJECT DESCRIPTION: _____

TYPE OF WORK	NUMBER	FEES
Openings for Switches		(1) Electrical Permit Fees. Permit fee will be provided after Village review and approval.
Openings for Receptacles		
Fixtures (interior)		(2) Delinquent Permits. Failure to obtain an electrical permit prior to the start of a project results in double the regular permit fee as listed in (1).
Fixtures (exterior)		
Range		(3) Inspections. Minimum of 2 business days' notice must be given to arrange for inspection.
Dishwasher		
Garbage disposal		(4) The work done under authority of this permit must be reported within 48 hours after completion. Call Building Inspector Kyle Hrudka at (920) 901-3417
Fans (exhaust)		
Fans (ceiling/paddle)		
Washer		
Dryer		
Post lights		
Spot/Flood lights		
Central air		
Furnace		
Boiler		
Electric heating units		
Water heater		
Motors		
Subfeeders #6 AWG or larger		
Service _AWG or O/H		
Other:		Project Cost \$ _____

I am applying for a permit to execute an electrical installation for light, heat or power, as described above. I certify the information on this application is complete and accurate. I agree to comply with all applicable codes of the Village of Howards Grove and the State of Wisconsin and with any conditions attached to this application and permit. I understand that issuance of this permit creates no legal liability, express or implied, of the Department, Village, Agency or Inspector.

Name (print) _____ Signature _____
(Electrical Contractor or Owner)

For office use only
 TOTAL PERMIT FEES: \$ _____ Verify Zoning District _____
 Base _____ Building _____ Electrical _____

Amount Paid: \$ Receipt #: By: Date: