



Parcel No. \_\_\_\_\_

Permit No. \_\_\_\_\_

**VILLAGE OF WINNECONNE, WI**  
 PO BOX 488 • Winneconne, WI 54986 • PH. 920-582-4381 • FAX 920-582-0660

# Electrical Permit Application

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

Contractor's name: \_\_\_\_\_ License #: \_\_\_\_\_

Contractor's address: \_\_\_\_\_

Type of occupancy: \_\_\_\_\_

Job description: \_\_\_\_\_

**Base Fee Includes One Panel or Temporary Service: \$50.00**

|                        |                             |                    |
|------------------------|-----------------------------|--------------------|
| New construction _____ | Main panel _____            | Single phase _____ |
| Additional areas _____ | No. of Circuits _____       | Three phase _____  |
| Service change _____   | No. of outlets _____        | Three wire _____   |
| Rewire existing _____  | No. of Sub-Panels _____     | Four wire _____    |
| Overhead _____         | No. of Service Panels _____ | Amperage _____     |
| Underground _____      | No. of meters _____         | Voltage _____      |

Per Circuit charge                      count \_\_\_\_\_ x \$3.00 = \_\_\_\_\_

Alteration to existing openings      count \_\_\_\_\_ x \$1.00 = \_\_\_\_\_

Additional panels                      count \_\_\_\_\_ x \$30.00 = \_\_\_\_\_

**Project total cost \$** \_\_\_\_\_

**Total Fees \$** \_\_\_\_\_

Owner/Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

**Payable to: Village of Winneconne, PO BOX 488 • Winneconne, WI 54986 • PH 920-582-4381 • FAX 920-582-0660**

**Mail to: Marty Johnson, 8291 Trift Rd, Omro, WI 54963, PH 920-410-6756**

**All work to meet the State Codes or reinspection fees will be charged for improper installation.**

**The owner/contractor is responsible for making arrangements for the final inspection.**