

925 15 th Ave Union Grove, WI 53182 Office - 262-878-1818 Fax - 262-878-3782	ELECTRIC PERMIT APPLICATION VILLAGE OF UNION GROVE	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 Name:	Mailing Address	Tel. FAX
Contractor License #		
PROJECT DESCRIPTION		ESTIMATED PROJECT COST \$
PROJECT TYPE		SERVICE 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		<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	3. STORIES	4. USE
<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: _____	# of Stories _____ <input type="checkbox"/> Mezzanine <input type="checkbox"/> Other <input type="checkbox"/> Plus Basement	<input type="checkbox"/> Seasonal <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____
2. ELECTRICAL AREA INVOLVED (sq. ft)		5. SERVICE SIZE
AREA	UNIT 1	UNIT 2
Unfin. Bsmnt		
Finish Bsmnt		
1 st Floor		
2 nd Floor		
3 rd Floor		
Att. Garage		
Enc. Porch		
Open Porch		
Deck		
Other:		
Totals		
		6. GROUNDING SYSTEM
		<input type="checkbox"/> Ground Rods <input type="checkbox"/> Concrete Encased Electrode <input type="checkbox"/> Other: _____
		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
		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. By applying for this permit, you are authorizing Village 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:	Fees for work begun without permit	ACTIVE PERMITS
Permit \$ _____	<input type="checkbox"/> FAILURE TO OBTAIN PERMIT FEES DOUBLE Total Doubled \$ _____	Active building permit No.
Total \$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No Permit # _____
From fee calculations OR Minimum, whichever is greater.		Municipality # of Dwelling Location
		51-186
		PERMIT ISSUED BY:
		Name _____
		Date _____ Tel. _____
		Cert No. _____