## Call for Inspection: 262-673-3682 ext. 124

## Town of Erin, Washington County ELECTRICAL PERMIT APPLICATION

Permit No: Tax Key No:

PROJECT ADDRESS								
Property Owner Information				Contractor Information				
Name:				Name:				
Address:				Address:				
Phone: Email:			Phone: Email:					
Project Description:			Cont. Lic No: Mst. Elec No:					
				Project Type: Residential Commercial Estimated Project Cost:				
SECTION I: NEW CONSTRUCTION, ADDITIONS AND REMODELING ().500 SQ. FT.) (transfer total fee of section 1 or 2 to application subtotal below)								
Residential Inspection Fee Schedule         New 1 or 2 Family Homes and Additions >500 sq. ft.         x.035/sq.ft. = \$         + Base Fee         \$50.00         = TOTAL FEE \$								
Sq. FL (al/ areas)         Commercial/Industrial Inspection Fee Schedule         New Structures and Additions >500 sq. ft.       x.040/sq.ft. = \$ + Base Fee \$50.00       = TOTAL FEE \$								
New Structures and Additions >500 sq. ft. Sq. Ft. (all		040/sq.ft= \$		+ Base Fee <u>\$50.00</u> =	TOTAL FEE \$			
SECTION 2: REPLACEMENTS, ALTERATIONS AND MODIFICATIONS, BOTH RESIDENTIAL AND COMMERCIAL (<500 SQ. FT.)								
Description	Count	Price	Fee		X	Count	Price	Fee
1 Light switch, convenience outlet		.50		17. Each generator, transformer capacitor, welder, conver			1.001kw	
2. Power receptacle over 150 volts (first 30 amps)		5.00		18. Electric unit heating device remote thermostat)	e (including		2.50	
Over 30 amps		6.00		19. Dimmers and rheostats			2.50	
3 Lighting fixtures (incandescent)		.50		20. Swimming pools (wiring, grounding, bonding)			30.00	
4. Tubular lamps (florescent)		.50		21. Signs (florescent, incandescent or neon)		30.00		
5. Arc light, search light, flood light or mercury light		4.00		way, gutter			.50/ft	
6 Temporary service or wiring		25.00		23. Audible or visual electric signal or communication device			2.25	
<ol> <li>Service switch, each or alteration of (first 200 amps)</li> </ol>		80.00		24 Fans- bath paddle and m	24 Fans- bath paddle and misc., lhp.		2.25	
Over 200 amps, per 100 amps (or fraction of)		12.00		25. Hydro-message tubs, hot tubs		17.50		
8 Range, oven, clothes dryer, dishwasher, disposal		6.00		26. Photo cells, clocks, smok	26. Photo cells, clocks, smoke detectors		6,00	
9 Water heater		6.00		27. Fire alarms	27. Fire alarms		20.00	
10, Refrigeration unit, up to 5 hp. (\$1.00 per hp. >5)		5.00 min		28. Exit lights	28. Exit lights		6.00	
11. Residential furnace (gas, wood, oil, electric)		6.00		29. Approved assemblies (not listed above)			25.00	
12. Residential A/C up to 5 tons (add. $1/ton > 5$ )		6.00		30. Other (describe)			25.00	
13. Combination heating A/C unit < 5 tons > 5 tons		12.00 25.00		Section 2 Subtotal: <i>(work completed totals less than \$50, min, charge of \$50 applies)</i>			\$	
				Re-inspection fee	Re-inspection fee			
14. Each motor, per hp. (or fraction of)		2.00		Failure to call for inspectio	ction		50.00	
15. Feeder panel, sub feeder and raceway (Per 100 amp or fraction of)		6.00		Application Subtotal: (total of sections 1 or 2)		\$		
16. Dispenser- Gas, fuel oil, well pump, vending machine		10.00		Administrative Fee: (Required on all permits) x 0.15		<mark>s)</mark> x 0.15	\$	
		12.00		TOTAL PERMIT FEE:		\$		
Permit expires 2 years from date	e of Issua	nce. Doubl	e fee v	will be assessed if work is con	nmenced prior to	permit is	suance.	
By signing this application, applicant agrees to comply with all applicable state and local codes and understands that the issuance of this permit creates no legal liability by the Department, Municipality Agency or Inspector. The applicant also certifies that all information on this permit application is true and accurate and hereby agrees to grant access to the property, for inspections purposes, where the work covered by this permit is being performed.								
Signature of Applicant: Date:								
Mail completed permit application, including check made payable to the <b>Town of Erin, 1846 Hwy 83, Hartford, WI 53027</b>								
Issued by: Detail				Cartification #				
Issued by: Date: OFFI			OFFIC	Certification #				
Check #:	From	1:			Date:			

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