



Electrical Service Inspection Permit

Customer/Contractor: _____ Phone #: _____

Electrical Service Address: _____

Requested Date of Inspection: _____ Requested Time: _____

Residential Commercial Industrial Agricultural Signs

Electrical Service Information

Type of Service: Permanent Temporary New Service Upgrade Service

Relocated Service Other: _____

Characteristics: 100 Amp 200 Amp Other: _____

Single Phase 3 Phase Underground Overhead

Electrician Information

I hereby certify that this wiring is in compliance with all applicable federal, state, and local codes, utility service rules, and section 101.865 of the Wisconsin State Statutes.

Electrician Name: _____ License #: _____

Master Electrician Signature: _____ Date: _____

Address: _____

E-mail Address: _____ Phone #: _____

Inspector Information

This is to certify that I have examined the electrical equipment installed by the Electrical Contractor named above and it is in compliance with the statutes and all rules and regulations prescribed by the State of Wisconsin Electrical Code and local municipal requirements. I hereby certify that the electrical work completed to date complies with applicable codes and may be energized.

Inspector Name: Todd Gerbers Phone Number: (920) 869-3809

Inspector Signature: _____ Date Inspected: _____

Comments: _____

Permit #: _____ Fee: _____ Check #: _____ Date: _____