

## **TOWN OF OCONOMOWOC**

W359 N6812 Brown Street Oconomowoc, WI 53066

For Inspection Call Phone: (262) 490-4141

MAILING ADDRESS - INCLUDE CITY & ZIP

PERMIT NO.
TAX KEY #
BUILDING PERMIT #

TELEPHONE - INCLUDE AREA CODE

<b>Electrical Permit Application</b>
--------------------------------------

OWNER'S NAME

PROJECT LOCATION (Building Address)		
PROJECT DESCRIPTION	□ COMMERCIAL	□ ONE & TWO FAMILY

SCHEDULE OF INSPECTION FEES  SCHEDULE OF INSPECTION FEES  EACH  COUNT  FEE  NEW BUILDING, ADDITION, REMODELING  Plus  Plus  Base Fee  Sq. Ft. For All Areas  REPLACEMENT, MODIFICATIONS AND MISC. ITEMS  1. Light, switch, and convenience outlet  1. Light, switch, and convenience outlet  1. Light, switch, und convenience outlet  1. Light, switch, und convenience outlet  1. Light switch, und convenience  1. Light switch, und convenience  1. Light switch, und convenience outlet	
NEW BUILDING, ADDITION, REMODELING	
ADDITION, REMODELING Plus	
REPLACEMENT, MODIFICATIONS AND MISC. ITEMS  1. Light, switch, and convenience outlet	
1. Light, switch, and convenience outlet	
2. Power receptacle over 150 volts	
24. Hydro Massage & Hot Tubs	
The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Muni- Agency or Inspector; and certifies that all the above information is accurate. Have Permit/Application number and address when requesting inspections. Give at least 24 hours notice on all inspections.  SIGNATURE OF APPLICANT  DATE	icipality,
FEES: RECEIPT PERMIT EXPIRATION: PERMIT ISSUED BY MUNICIPAL AGENT:	
Ck # Permit Expires Name	
Inspection Fee Date 90 Days from date unless noted below.	
NO REFUNDS ON PERMITS  Rec. By Certification No	