

Call (262) 544-8280 or
1-800-422-5220
INDEPENDENT
INSPECTIONS, LTD.

UNIFORM ELECTRICAL PERMIT APPLICATION

PERMIT NO. _____

TAX KEY # _____

**ISSUING
MUNICIPALITY**

TOWN VILLAGE CITY
OF _____
COUNTY _____

PROJECT LOCATION
(Building Address)

PROJECT DESCRIPTION

COMMERCIAL ONE & TWO FAMILY

Owner's Name _____ Mailing Address - Include City & Zip _____ Telephone - Include Area Code _____

Contractors Name (Lic. No.) _____ Mailing Address - Include City & Zip _____ Telephone - Include Area Code _____

Estimated Cost _____ License Number _____

SCHEDULE OF INSPECTION FEES

EACH

COUNT

FEE

1 & 2 FAMILY - NEW BUILDING/ADDITION	Base Fee	\$35.00	_____	_____
	Plus035/Sq. Ft. For All Areas	_____ Sq. Ft.	_____
COMMERCIAL - NEW BUILDING/ADDITION	Base Fee	\$35.00	_____	_____
	Plus04/Sq. Ft. For All Areas	_____ Sq. Ft.	_____

REPLACEMENT, MODIFICATIONS AND MISC. ITEMS - BOTH 1 & 2 FAMILY & COMMERCIAL

1. Light, switch, and convenience outlet50	_____	_____
2. Power receptacle over 150 volts, first 30 amps	5.00	_____	_____
over 30 amps	6.00	_____	_____
3. Lighting fixtures - incandescent50	_____	_____
4. Tubular lamp, such as florescent, per tube50	_____	_____
5. Arc light, search light, floodlight, mercury light pole base and poles	4.00	_____	_____
6. Temporary service and temporary wiring installation	25.00	_____	_____
7. Service switch, each or alteration thereof			
first 200 amperes	25.00	_____	_____
over 200 amperes - additional per 100 amps or a fraction thereof	12.00/100 amps	_____	_____
8. Range, oven, clothes dryer, dishwasher, disposal, water heater	6.00	_____	_____
9. Refrigeration unit up to 5 HP plus 1.00 per HP over 5	5.00 min.	_____	_____
10. Residential gas burner, oil burner, electrical furnace	6.00	_____	_____
11. Air conditioner up to 5 ton Plus 1.00 per ton over 5 ton	6.00	_____	_____
12. Combination heating and air conditioning unit up to 5 ton	10.00	_____	_____
over 5 ton	25.00	_____	_____
13. Feeder, subfeeder, and raceway - per 100 ampere capacity, or fraction thereof	6.00/100 amps	_____	_____
14. Each motor, per HP or fraction thereof	1.00/HP	_____	_____
15. Dispenser - gasoline, fuel oil, permanent vending machines, and well pump	10.00	_____	_____
16. Each generator, transformer, reactor, rectifier, capacitor, welder, converter and electric furnace	1.00/kw	_____	_____
17. Electric unit heating device (including remote Thermostat)	2.00	_____	_____
18. Dimmer and rheostats	2.00	_____	_____
19. Swimming pool (Electrical wiring and grounding)	30.00	_____	_____
20. Sign - Florescent, neon or Incandescent	25.00	_____	_____
21. Strip lighting, plug-in strip, trolley duct wire way, gutter50 ft.	_____	_____
22. Audible or visual electric signal or communication device	2.00	_____	_____
23. Fans - Bath - Paddle and miscellaneous under 1 HP	2.00	_____	_____
24. Hydro Massage & Hot tubs	15.00	_____	_____
25. Photo cell, clocks, smoke detectors	6.00	_____	_____
26. Fire alarm	15.00	_____	_____
27. Exit light.....	6.00	_____	_____
28. Approved assembly's Not Included above and others	25.00	_____	_____
29. Other (Specify)	25.00	_____	_____

Minimum Permit Fee\$30.00
 Reinspect Fee\$30.00 each
 Failure to call for inspection\$30.00 each
DOUBLE FEES ARE DUE IF WORK STARTED BEFORE PERMIT IS ISSUED.

INSPECTIONS NEEDED

Rough Service Final

Municipality No. _____ - _____

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, Municipality, Agency or Inspector; and certifies that all the above information is accurate.
 Have Permit/Application number and address when requesting inspections, call (262) 544-8280 or 1-800-422-5220. Give at least 24 hours notice on all inspections.

SIGNATURE OF APPLICANT _____ **DATE** _____

FEES:	RECEIPT	PERMIT EXPIRATION;	PERMIT ISSUED BY MUNICIPAL AGENT:
Inspection Fee _____	CK # _____	Permit expires two years from date issued unless municipal ordinance is more restrictive:	Name _____
Administration Fee _____	Date _____		Date _____
Other _____	From _____		Certification No. _____
Total _____	Rec. By _____		