



Town of Mukwonago
 W320 S8315 Beulah Road
 Mukwonago WI 53149

Electrical Inspections
 call (262) 352-4433
 Fax (262) 363-8377

| |
|---------------------------------|
| PERMIT NO. |
| TAX KEY # MUKT |
| Attached with Building Permit # |

ELECTRICAL Permit Application

| | | |
|----------------------|------------------|----------------|
| Project Address: | | |
| Project Description: | | |
| Commercial | One & Two Family | Estimated Cost |

| | | |
|-----------------|--------------------------------------|-------------------------------|
| OWNER'S NAME | MAILING ADDRESS - INCLUDE CITY & ZIP | TELEPHONE - INCLUDE AREA CODE |
| CONTRACTOR NAME | MAILING ADDRESS - INCLUDE CITY & ZIP | TELEPHONE - INCLUDE AREA CODE |
| E-Mail Address | CONTRACTOR REGISTRATION NUMBER | LICENSE NUMBER |

| SCHEDULE OF PERMIT FEES | | Fee |
|--|---------|-----------------|
| BASE FEE REQUIRED ON ALL NEW BUILDING, ADDITIONS & REMODELS | | |
| Plus \$.06 per sq. ft. for all areas..... | sq. ft. | Fee \$ |
| | | Total \$ |

OR REPLACEMENT, MODIFICATIONS & MISCELLANEOUS ITEMS

| | Each | Count | Fee | | Each | Count | Fee |
|--|--------|-------|-------|--|--------|-------|-------|
| 1 Light, switch and outlet boxes | 0.75 | _____ | _____ | 18 Power receptacle over 150 volts | | | |
| 2 Lighting fixtures - incandescent | 0.40 | _____ | _____ | First 30 amps | 8.00 | _____ | _____ |
| 3 Tubular lamp, such as fluorescent - per tube | 0.25 | _____ | _____ | Over 30 amps | 6.00 | _____ | _____ |
| 4 Arc light, search light, floodlight, HID light pole | 3.00 | _____ | _____ | 19 Service switch, each alteration: | | | |
| 5 Temporary service and temporary wiring installations | 25.00 | _____ | _____ | First 200 amps _____amps | 80.00 | _____ | _____ |
| 6 Residential furnaces | 5.50 | _____ | _____ | Over 200 amps - additional per | | | |
| 7 Air conditioner up to 5 ton, plus 1.00 per ton over 5 ton | 6.00 | _____ | _____ | 100 amps or fraction thereof | 40.00 | _____ | _____ |
| 8 Combination heating/cooling: unit up to 5 ton | 10.00 | _____ | _____ | 20 Feeder, sub feeder, and raceway per 100 amps or fraction thereof | 8.00 | _____ | _____ |
| unit over 5 ton | 20.00 | _____ | _____ | 21 Refrigeration unit up to 5 HP plus 1.00 per HP over 5 | 6.00 | _____ | _____ |
| 9 Range, oven, clothes dryer, disposal, dishwasher | 6.50 | _____ | _____ | 22 Fuel dispenser, vending mach. | 7.00 | _____ | _____ |
| 10 Water heater, well pump | 6.50 | _____ | _____ | 23 Each generator, transformer, reactor, rectifier, capacitor, welder, converter, elect. furnace | .50/kw | _____ | _____ |
| 11 Motors per HP/fraction thereof | 1.00 | _____ | _____ | 24 Swimming pool (wiring/ground) | 40.00 | _____ | _____ |
| 12 Electric heating device | 4.00 | _____ | _____ | 25 Electronic signal device | 1.00 | _____ | _____ |
| 13 Dimmer and rheostat | 2.00 | _____ | _____ | 26 Fans - bath, paddle and misc. under 1 HP | 1.00 | _____ | _____ |
| 14 Sign | 15.00 | _____ | _____ | 27 Hydro message & hot tubs | 40.00 | _____ | _____ |
| 15 Strip lighting | .50/ft | _____ | _____ | 28 Photo cell, clocks, smoke det. Fire alarm, exit lighting system | 15.00 | _____ | _____ |
| 16 Sanitary ejectors/grinder pumps | 35.00 | _____ | _____ | 29 Approved assemblies not included above and others | 25.00 | _____ | _____ |
| 17 Other - specify | 25.00 | _____ | _____ | | | | |

Reinspect Fee \$55.00 Each
 Failure to Call for inspection \$55.00 Each

Total Fees \$

DOUBLE FEES ARE DUE IF WORK IS STARTED BEFORE PERMIT IS ISSUED

Minimum Permit Fee \$55 Each

The applicant agrees to comply with the Municipal Ordinances and with the conditions of the 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 of the above information is accurate. Have permit Application number and address when requesting inspections. Call 262-352-4433. Give at least 24 hours notice on all inspections.

Signature of Applicant _____ Date _____

| FEES: | RECEIPT | PERMIT EXPIRATION: | PERMIT ISSUED BY MUNICIPAL AGENT |
|--|---------------|---|----------------------------------|
| Permit Fee \$ _____ | Ck # _____ | Permit Expires 90 Days from date unless otherwise noted below NO REFUNDS ON PERMITS | Name _____ |
| If you would like a copy of the permit, please send a stamped self addressed envelope. | Date _____ | | Date _____ |
| | From _____ | | Certification # _____ |
| | Rec. By _____ | | |