

UNIFORM **ELECTRIC PERMIT**

IPPLICATI	ON	NO.	(a)	

PROFESSIONAL BUILDING INSPECTIONS	APPLIC	<u>CATION</u>			IAX KEY #			
TOWN	F BLOOMFIELD	100 100 100 100 100 100 100 100 100 100	T LOCATION	N				
1100 Townhall Road • P.O. Box 609 • Pell Lake, WI 5315		PROJECT	DESCRIPTI	ON -	☐ COMMERCI	AI Γ	ONE & TWO FA	MILY
Owner's Name	Mailing	Address			- COMMENCE		e, Include Area Co	
	Malling	Address				Telephon	e, Include Area Co	ode
Contractor's Name	Maning	Address					,	
Estimated Cost				Licen	se Number			
	SCHEDULE OF INSPECTION	FEES		EA	СН	COUNT	FEE	
NEW BUILDING/	REMODEL BASE FEE	\$40.00	PLUS	.04/Sq. F For All A		Sq.	Ft	
			L		1			
TYPE OF OFPINO	(sheek appropriate havea)		Cher	ck if:	□ Nev	w Service	☐ Rewire	
Residence	(check appropriate boxes) ☐ (Temp) Service	□ 1-Phase :	Service Entra		☐ Am		□ Volts	
☐ Farm	— (10p) 00		Service Entra		☐ Am	•	☐ Volts	
☐ Commercial		□ Undergro				erhead		
☐ Swing to Perm								
TYPE OF CONSTRU	UCTION							
□ New		Attached	Garage			Sq. ft.		•
□ Remodel	•	☐ Unattach	ed Garage			Sq. ft.		
☐ Addition	Sq. ft.							
<u>a</u> radiion			,					
ELECTRIC SERVIC	F							
		\$35.00						
	100 Amp or fraction thereof							
	·							
OWNER/CONTRAC	TOR					Permit No.		
Data	Permit Fe	a	F	3v				
Date	r cmit r cc	-		- ,		Inspection I	Dept.	
0								
Contact Alliant Energ	gy at 262-248-0934.							
						·		
					TOTAL	_ FEES		
Signature		Tota	l Fees					_