



ELECTRICAL PERMIT APPLICATION

Submit to:
 Fax: (920) 693-3695
 Email: dlalonde@clevelandwi.gov
 Mail: Village of Cleveland
 PO Box 87
 Cleveland WI 53015

Date _____

Project Address _____

Owner _____ Phone _____

Owner Mailing Address _____

Building Use: 1-Family 2-Family Multi-Family Commercial Accessory

Description: New Addition Alteration Service Code Correct

Contractor _____ Phone _____

Master Electrician # _____ Expiration Date _____

Electrical Contractor License # _____ Expiration Date _____

Type of Work	Number	Fees
Openings for Switches		(1) <u>Electrical Permit Fees</u> . Permit fee will be provided after Village review and approval. (2) <u>Delinquent Permits</u> . Failure to obtain an electrical permit prior to the start of a project results in double the regular permit fee as listed in (1). (3) <u>Inspections</u> . Minimum of 2 business days' notice must be given to arrange for inspection. (4) The work done under authority of this permit must be reported within 48 hours after completion. Call Building Inspector Mike Ziereis at (920) 698-0671.
Openings for Receptacles		
Fixtures (interior)		
Fixtures (exterior)		
Fluorescent fixtures		
Range		
Dishwasher		
Garbage disposal		
Microwave		
Fans (exhaust)		
Fans (ceiling/paddle)		
Washer		
Dryer		
Post lights		
Spot/Flood lights		
Central air		
Furnace		
Boiler		
Electric heating units		
Water heater		
Signs		
Motors		Project Cost \$ _____
Subfeeders #6 AWG or larger		
Service _____ AWG or O/H		
Other:		

I am applying for a permit to execute an electrical installation for light, heat or power, as described above. I certify the information on this application is complete and accurate. I agree to comply with all applicable codes of the Village of Cleveland and the State of Wisconsin and with any conditions attached to this application and permit. I understand that issuance of this permit creates no legal liability, express or implied, of the Department, Village, Agency or Inspector.

Name (print) _____ Signature _____
 (Electrical Contractor or Owner-Occupant of Single Family Dwelling)

For office use only

Tax Parcel Number _____ Zoning District(s) _____ Date Approved/Fee _____

Amt. Pd. \$ _____ Cash _____ Ck # _____ PSN Date _____ Date Permit Issued _____