



# ELECTRICAL PERMIT APPLICATION

Submit to:  
 Fax: (920) 693-3695  
 Email: [village@clevelandwi.gov](mailto:village@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) 693-8181.
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 \_\_\_\_\_