



**TOWN OF WILSON
APPLICATION FOR ELECTRICAL PERMIT**

TOWN OF WILSON, 5935 SOUTH BUSINESS DRIVE, SHEBOYGAN, WI 53081

Telephone: 920-208-2390 Fax: 920-208-2450 Website: <http://townwilson.com/bldgPermits.php>

Date: _____

Permit No.: _____

The Undersigned hereby applies for a permit for the execution of electrical installation for light, heat or power, as hereinafter described.

- 1) LOCATION OF INSTALLATION _____
- 2) OWNER _____
- 3) CONTRACTOR _____
- 4) CONTRACTOR PHONE# _____
- 5) Estimated Cost of Project \$ _____
- 6) Type of Permit: Residential _____ Commercial _____
- 7) Description of work:

8) Comments:

Electrical Permit Fees (check with the office or inspector for number of required inspections per type of installation):
Residential • \$60.00 per inspection (rough-in plus final) **Commercial** - \$640.00 (5-8 inspections)
Agricultural - \$60.00 per inspection (rough-in plus final) **Commercial** - \$960.00 (9-12 inspections)
Commercial • \$320.00 (4 inspections or less) **Commercial** - \$1840.00 (12-23 inspections)

Permit Fee/Per Residential Inspection **\$60.00**

Estimated # of Inspections _____

Total Inspection Fee _____ Paid by _____ cash or check# _____

Tom Rogers, Electrical Inspector
Phone: 920-377-0074

Make Checks payable to: **Town of Wilson**

The undersigned certifies that all of the above information is correct. It is hereby agreed by the undersigned as owner, his agent or servant, and the Town of Wilson, that for and in consideration of the premises and of the permit for the execution of installation, for light, heat or power as above described, to be issued and granted by the Electrical Inspector, and the work therein, will be done in accordance with the description herein set forth in this statement, and it is further agreed to alter and install the same in strict compliance with the ordinances of the Town of Wilson, the Building Ordinance, the State Electrical Code, and to obey any or all lawful orders of the Inspector of the Town of Wilson.

Town Office Use Only:
Date pmt recd: _____
Receipt No. _____
Parcel No. _____
Pmt Recd by: _____

Contractor or Agent