

City of De Pere

335 S. Broadway
De Pere, WI 54115
(920) 339-4053
dpbldg@deperewi.gov



Electrical Service Inspection Permit Application and Record

Permit #: _____
Fee: _____
Receipt #: _____
Date: _____

Customer/Contractor: _____ Phone: _____

Electrical Service Address: _____

Requested Date of Inspection: _____ Inspection Time: _____

☐ Residential ☐ Commercial ☐ Industrial ☐ Agricultural ☐ Signs

Electric Service Information

Type of Service: ☐ Permanent ☐ Temporary ☐ New Service
☐ Upgrade Service ☐ Relocated Service ☐ Other: _____
Fault Current: _____ ☐ Generator ☐ Photo Voltaic
☐ 100 Amp ☐ 200 Amp ☐ Other: _____ ☐ Underground ☐ Overhead

Electrician Information

I hereby certify that this wiring is in compliance with all applicable Federal, State, and Local Codes, utility service rules and section 101.865 of the Wisconsin State Statutes.

Electrician Name: _____

Phone Number: _____

Address: _____

Fax Number: _____

Master Electrician Signature: _____

License #: _____

E-mail Address: _____

Date: _____

Inspector Information

This is to certify that I have examined the electrical equipment installed by the Electrical Contractor named above and it is in compliance with the statutes and all rules and regulations prescribed by the State of Wisconsin Electrical Code and local municipal requirements. I hereby certify that the electrical work completed to date complies with applicable codes and may be energized.

Inspector Name: _____

Phone Number: 920-339-4053

Inspector Signature: _____

Date Inspected: _____

Comments: _____
