


<b>CITY OF DE PERE</b> 335 S. Broadway De Pere, WI 54115  Phone: (920) 339-4053 Fax: (920) 330-9491	<b>ELECTRICAL SERVICE INSPECTION PERMIT</b>  	<b>Building Inspection Department Permit Application</b>  Permit # _____  Fee: \$ _____
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Customer/Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of requested Electric Service Inspection: \_\_\_\_\_

Requested Date of Inspection: \_\_\_\_\_ Inspection Time: \_\_\_\_\_

Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>	Agricultural <input type="checkbox"/>	Signs <input type="checkbox"/>
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### Electric Service Information

Type of Service:	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> New Service
	<input type="checkbox"/> Upgrade Service	<input type="checkbox"/> Relocated Service	<input type="checkbox"/> Other: _____
Fault Current:	_____		
<input type="checkbox"/> 100 Amp	<input type="checkbox"/> 200 Amp	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Underground <input type="checkbox"/> 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: \_\_\_\_\_

State License #: \_\_\_\_\_

### 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 the 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:

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