

VILLAGE OF MUKWONAGO

APPLICATION for ELECTRICAL PERMIT

440 River Crest Court P.O. Box 0206
 Mukwonago, Wisconsin 53149
 Phone 262-363-6419 Office hour's 8:00 to 9:30
 Monday through Friday Fax 262-363-6425

Permit # _____

www.villageofmukwonago.com.

Tax Key # _____

Project Location _____ Contractors Registration # _____

Project Description: Residential Commercial Industrial Institutional State Master License # _____
 New Construction Replacement Remodeling

Owner's Name _____ Contractor's Name _____

Address _____ Address _____

City / State / Zip _____ City / State / Zip _____

Owners Phone _____ Contractor's Phone _____ Contractor's Fax _____
 or e-mail _____

Electrical Service: Service size _____ amps Voltage _____ Number of Meters _____ Fee from each section _____
 First 100 amps of service\$ 35.00 Temporary Service under 200 amps \$ 50.00
 Each additional 100 amps or fraction there-of\$ 15.00 Each sub-feeder #8 or larger.....\$ 25.00

Indicate the specific items installed:	Quantity	Rate (\$)	
Incandescent Fixtures, _____ Switches, _____ Receptacles, _____ Data/Phone, _____ CATV devices etc		1.00	
HID fixtures (mercury vapor, sodium, metal halide, etc.) (Circle One)		5.00	
Emergency Light Fixtures _____ Exit Light Fixtures _____ Fire/Smoke/CO2 Alarms		1.00	
Ranges, _____ Oven, _____ Clothes Dryer, _____ Dishwasher, _____ Disposal, _____ Water Heater, _____ Trash Compactor, _____ Furnace		10.00	
Electric Space Heating and Baseboard Systems (per zone control)		10.00	
Strip Lighting, _____ Track Lighting, _____ Plug-in Strip		1.00 per foot	
Paddle Fans, _____ Dimmer/Timer, _____ Exhaust Fans, _____ Hood Fans		5.00	
Fluorescent Lighting Fixtures, _____ Ballast / Relamping		3.00 per fixture	
Swimming Pools, Above Ground, Hot tub/Spa (Circle One)		60.00	
Swimming Pools, In-Ground		120.00	
Parking Lot Lights _____ Tanning Units _____ Mound Septic System _____ Holding Tank		20.00	
Residential Post Light		10.00	
W/reway, _____ Busway, _____ Under Floor Raceway, _____ Auxiliary Gutters, _____ Cable Tray		1.00 per foot	
Transformers, _____ Generators, _____ Transfer Switches, _____ Capacitors, _____ Welders, _____ Convertors, or _____ similar devices		(.60/kw) 350.00 Max	
Medical Equipment, _____ CAT Scan, _____ MRI Machine, _____ X-Ray Machine, etc		35.00	
Fuel Dispensers for Gasoline, Oil, or similar units		35.00 per unit	
Residential Air Conditioning		30.00	
Commercial Combination Heating, A/C, Ventilation Units		60.00	
Walk-in Coolers, _____ Freezers, _____ Chillers (each compressor) ; _____ Motion Picture Machine		30.00	
Motors Over 1/4 th Horsepower .60 per HP or fraction		Min. 10.00	
Neon - Wall Mount Signs		30.00	
Ground Mounted Signs		35.00	
Temporary Wiring Construction _____, Festivals _____, Fire, _____, etc. _____		35.00	
Power Receptacles, Outlets over 150 Volts		10.00	
To change, alter, repair or correct an electrical installation where none of the above apply -- (specify below)		50.00	
MINIMUM PERMIT FEE / Re-Inspection Fee		60.00	
ADMINISTRATIVE FEE for all permits			5.00
Application filled out incorrectly and returned to applicant		25.00	
Work started before permit issued		Triple Fee	
Plan Review		50.00 per hour	

Permits Information / Requirements Permits expire one year from date issued.

A final inspection is required for all Electrical equipment installed. The applicant is required to arrange for all inspection appointments. For inspections 24 hour minimum notice is required, call 262-363-6419. Special inspections after business hours \$150.00 per hour, min. 3 hours.

Written reports for work done without a permit, failure to arrange and set-up inspections of equipment installed is \$150.00 (Minimum).....\$ _____

For permit to be returned please attach self addressed stamped envelope. No Refund or credit on permits.....TOTAL FEES: \$ _____

Signature of Applicant _____ Date _____

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency or Inspector, and certifies that all of the above information is accurate.

Conditions of Approval: _____

Inspector _____ Date _____ Certification # _____

Receipt Date _____ Check # _____ Receipt # _____ Received by _____