

Building Permit Application Electrical Permit

City of Port Washington
Department of Building Inspection
100 W Grand Ave – PO Box 307
Port Washington, Wisconsin 53074 262-268-4277 Fax 262-284-7669

Job Location	(identify exact address)				Zoning		Permit #		
Owner's Name		Phone Number		Contact's Name (When	n Relevant)		Phone Number		
Owner's Address	(If different from above)			City	State		Zip Code		
Electrical Contractor's Name		Master Lice	nse Number	Contact's Name	1		Phone Number		
Contractor's Address				City	State		Zip Code		
It is the responsibility of permit holder to arrange for appointment times when entry is available for the required inspections. If the inspector cannot access work site or if work is not visible, a reinspection fees will be charged.									
Use of Building	Type of Work		Item		Size.	Qty Fee Amt.		Amt.	
Residential	New		Clothes Dryer				10.00		
Multi-Family	Addition		Dishwasher				10.00		
Commercial	Alteration / Repair		Electric Heating				4.00 / kw (\$5 min)		
Other			Fans, exhaust a	and vent			5.00		
Other			Feeder or Sub-	feeder (sub Panel)			20.00		
Additional Information			Fixtures: Medium Base				.70 ea.		
			Fuel Dispensin	g Pumps			30.00/unit		
			Garbage Dispo				10.00		
			Generator, Tra- similar devices	nsformer, Rectifiers or			1.00 / kw (\$40 min)		
			Heating unit ar	nd motor			15.00		
			Hot Tub, Whir	lpool, Spa, etc.			18.00		
			Lamps: Tubula	ar			.65 ea.		
			Low voltage S	ystems (Intercom, bells, etc.)			1.50 ea.		
			Motors				9.00 ea		
			Neon Lights: P	er Transformer			33.00		
			Outlets				.70 ea.		
Department Notes			Power Recepta	icle			8.00		
			Range				10.00		
			Refrigeration u	units, air conditioner and air			16.00/unit		
				mporary & up to 600 amp ery 100 amp over 600 amp	Size		45.00		
			Signs, internall	ly lighted			25.00		
			Sump pumps				10.00		
			Swimming Poo	ols			40.00		
			Water Heater				10.00		
			Wire ways, Bu	sways, Under-floor raceways			1.00 / ft		
			Other:						
Approved By	Date			Permit Fee			45.00		
			Reinspecti				50.00		
I attest that the above information accurately describes the property and proposed work to be performed on it. I agree t with all City of Port Washington and State of Wisconsin codes applicable to the occupancy and work stated above. I uthat any falsification or misinformation may result in penalties prescribed in the City of Port Washington ordinances.					to comply understand	Permit Fee			
Applicants Signature Print Name					Date				